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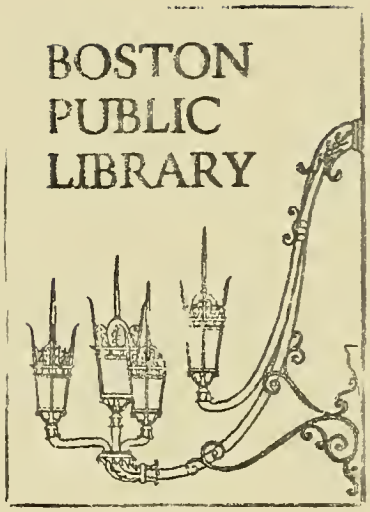
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A Teacher's Guide for Creating Safe Environments for Preschool Children

TEACHER'S GUIDE

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TEACHER'S GUIDE

A Teacher's Guide for Creating Safe Environments
for Preschool Children

Prepared by
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CHAPTER 1
INTRODUCTION

Safe Daycare: An Overview

Welcome to the SAFE DAYCARE program for preschoolers. This guide is designed for teachers of children ages two through five; its purpose is to help you prevent injuries to young children in day care settings.

Safety is everyone's concern. Parents, teachers, and other caregivers need to create and maintain safe settings for children; need to supervise them to keep them from harm; and need to teach them developmentally appropriate safe behaviors.

As a caregiver, you are aware of the dangers that await young children in traffic, on the playground, and indoors. But do you realize that injuries, not disease, are the leading cause of death and disability among preschoolers, and that many of these injuries can be prevented?

To address this problem, SAFE DAYCARE was developed by the Statewide Comprehensive Injury Prevention Program (SCIPP) of the Massachusetts Department of Public Health. In creating SAFE DAYCARE, we interviewed and consulted day care teachers, licensors, and other early-childhood professionals. As a result, many of your concerns, questions, solutions, and day-to-day experiences with children are reflected in these materials.

Data collected by SCIPP staff over a period of three years were analyzed to understand how, when, and where children are injured. This information, coupled with an extensive review of the literature and of existing educational programs, provides the basis of SAFE DAYCARE.

From all these sources, we have learned several significant facts about injuries to preschoolers:

- The most frequent and serious injuries to preschoolers occur from falls, burns, poisonings, motor vehicle injuries, and as a pedestrian. (A summary of these injury risks is provided in Appendix A.)

- Every year, one out of five Massachusetts children receives hospital care because of an injury. That's more than 71,000 preschoolers in Massachusetts.

- Injuries are not accidents or random events; they are often predictable and preventable.

- Making changes in the environment and using appropriate safety supplies play a crucial role in preventing injuries. Reduced water temperatures, the use of wood chips on playground surfaces, window guards, child

safety seats, and cabinet locks, have all proven effective in keeping children safe. The most effective prevention methods are those which protect automatically once in place, and do not require constant supervision or repeated efforts to change behavior.

- Educational programs do work. For example, children who have learned to "drop, roll, and cool" through educational programs on television and in classrooms have saved themselves from severe burns or death.

This information has been used to help us develop SAFE DAYCARE as a guide that will assist you in:

- Creating and maintaining a safe day care environment
- Reinforcing safety habits with preschoolers
- Preparing for an emergency
- Advocating child safety to parents

These topics form the four main sections--Chapters 2, 3, 4, and 5--of this guide.

A day care center must follow certain safety standards and practices in order to be licensed by the Office for Children. Local building, sanitary, and fire safety codes must also be observed. These requirements provide some minimal guidelines for ensuring the safety of children and staff at the center. SAFE DAYCARE will "fill in the gaps" left by these requirements.

Using the SAFE DAYCARE program, you can help children grow up safe and healthy.

The Developmental Capabilities of Young Children

In comparison with adults, children are at greater risk for injuries because they are just learning to be social, to explore their environment, and to test their physical skills. Children learn by exploring their surroundings and by taking risks. A preschooler sees a world filled with bright colors, fascinating shapes, smells, sounds, and tastes--all sorts of new and exciting things to explore.

However, young children do not understand the laws of gravity, the properties of heat, or the danger of a moving vehicle. Young children cannot understand such basic concepts as self-protection, cause and effect, or the meaning of danger.

As a teacher, you know that children are not just "small adults." Though they generally heal faster than adults, young children have behavioral, psychological, and physical characteristics that make coping with an injury more difficult.

The most important tip for keeping infants and toddlers safe is to never assume that a child's motor abilities will remain the same from day to day. Children can be protected from injury when adults understand their present abilities and anticipate what skills they will develop next.

Some physical characteristics make a child more vulnerable to injury:

- Children are not tall enough to see or be seen by a moving vehicle.
- Children lack the ability to accurately perceive speed and direction of sound or movement.
- Children lack the balance and coordination to avoid injuries from falls, hot liquid spills, and other causes.

Children have other characteristics which make it difficult for them to cope with injuries that do happen. Their internal organs are in delicate stages of growth, not adequately protected by their small, high rib cage and small pelvic structure. Their heads are proportionately larger than the rest of their body, and the neck muscles and cervical spine which support the head are less developed than adults.

Following is a development chart that serves as a guide to a child's growth pattern from infancy to age five. These behaviors and abilities are limited to those that might be associated with increased injury. Though each child will probably follow this sequence of development, each will do so at his or her own rate.

NOTE: Some of the information in the following chapters was excerpted from Health in Day Care: A Guide for Day Care Providers in Massachusetts, also from the Massachusetts Department of Public Health. You should obtain a copy of this publication if you do not already have one in your center.

CHILD DEVELOPMENT CHART
NEWBORN TO AGE FIVE

AGE	CHARACTERISTICS
Newborn to 3 months	Has a strong sucking reflex Makes a fist; may begin to grasp reflexively Begins to reach Is helpless when in water Lifts head, then chest; may begin to roll over Makes random movements with hands Has little fine motor control Is totally dependent on the caregiver to meet needs
4-5 months	May stand if weight is supported Sits with minimal support Pulls up to hands and knees Can pull to a sitting position Rolls over Plays with open hands -- reaches and swipes at objects Begins to put things in mouth Is increasingly curious about surroundings
6 months	Rolls over both ways May sit alone Reaches for objects on a table Holds one object Begins to use thumb Wants to taste, touch, and shake objects Puts "everything" in mouth
7-8 months	Pushes on abdomen to creep Learns to crawl Pulls up on furniture Holds two objects Can voluntarily release objects Shows improving hand-eye coordination
9 months	Sits alone well Begins crawling and pre-crawling; bears some weight on legs; may begin to crawl up stairs Can feed finger foods to self Develops pincer grasp (can pick up tiny objects with two fingers)
10-11 months	Rolls over and rises to a sitting position Pulls to stand; holds on to keep balance Walks, holding onto furniture -- may begin to walk alone Explores surroundings Pokes things with fingers Pulls things out of drawers and cabinets Drops objects Likes to carry objects Imitates movements of adults
1 year	Can sit from standing position Walks without support Likes to explore and investigate environment Wants to be independent; wants to feed self Is very curious (opens lid to get into a jar, pulls string to reach an object, etc.) Likes to go outside

AGE	CHARACTERISTICS
15 months	Is very mobile Begins to help dress self Drinks from a cup Understands much more than she or he can express Likes to climb and "cruise" Opens doors and closets Is able to reach higher places; pulls things off shelves Plays by self, near others Is curious about stairs
18 months	Begins to throw and will try to catch objects May become possessive Enjoys playing near (but not with) other children
2 years	Has a nonstop activity level Runs and climbs Descends stairs with assistance Begins "dart out" behavior Is intensely curious Is just beginning to understand the concept of "danger," but doesn't understand the need for limit-setting Likes to imitate adults; may help with chores Likes to feed self Is very physical with pets
3 years	Runs and jumps Climbs and descends stairs Uses more play equipment (tricycle, swing, etc.) Unbuttons buttons and works zippers Is extremely curious Seeks approval and attention Has a limited concept of time
4 years	Likes to explore the neighborhood -- will seek out playmates Is extremely active in play; runs, hops, climbs, and jumps Is physically agressive Is able to play with a group Is interested in how things work Climbs up and down steps with alternating feet
5 years	Will ask for information Will seek out playmates Is protective of younger children Is learning to read Plans and carries out ideas Runs, jumps, hops, skips, and balances Plays on more difficult playground equipment

CHAPTER 2
CREATING A SAFE DAY CARE ENVIRONMENT

A safe day care center is one in which children can play freely without harming themselves or others. Remember, children learn by exploring their surroundings and by taking risks. Strive for balance in creating an environment that is challenging yet safe. Removing all risk-taking equipment or establishing a large number of rules won't make a healthy environment for children or staff.

Regardless of where it takes place, play is the major activity in the lives of young children. Through play, children learn how to use and control their bodies, develop their senses, learn about their surroundings, and learn to live with other people. You can help children venture into this environment safely by arranging your classrooms and outdoor play areas so that they are child-oriented, not child-proof, and without unnecessary risks.

Making Your Indoor Space Safe

Look around your day care center and what do you see? Children painting at easels or pasting at tables; children climbing on indoor jungle gyms or pushing toy cars around; children playing with blocks or with waterplay equipment. Lots of activity--and lots of potential for injury. In this section we'll discuss ways that you can help reduce that potential for injury.

Using the Site Safety Checklist

The Site Safety Checklist in Appendix B is a comprehensive tool to help you reduce the risk of falls, poisonings, burns, and chokings that could happen in your day care center. You will need to plan a time when the children are not on site to walk through the center, using the checklist to inspect each item listed.

The checklist is divided into six sections:

1. General Environment
2. Equipment and Toys
3. Hallways and Stairs
4. Kitchen
5. Bathrooms
6. Emergency Preparation

The checklist is designed for you to record any corrections that need to be made, whether or not action has already been taken, and the date when a correction is made. Although some of the items require a one-time-only change (e.g., turning the hot water heater down to 115° F), many require periodic checking (e.g., that art materials are stored in their original containers in a locked place, or that electrical cords are out of children's reach).

General Information and Guidelines for a Safe Center

Centers with infants and toddlers should make sure that enough floor space is available for crawling and toddling children. These floors should be clean, free of splinters and cracks, and not highly polished.

Toddler and infant play areas should be separate from the general play area for older children. This will encourage the younger children to explore without the danger of the older children knocking them over. A carpeted area should be maintained for quiet activities and beginning large motor movement by infants. Check that older children have not left toys in this area that may be dangerous to infants. Top-heavy furniture such as shelving or cubbies must be bolted down to avoid toppling.

Toddlers must be well supervised in classrooms near water-tables and in bathrooms near toilets and deep-basin sinks. All these areas are naturally of great interest to young children; because of the unsteady gait of toddlers, they present a potential drowning hazard.

Placement of cots and cribs is an important safety issue. Leave a clear walkway (aisle) between cribs, (in an emergency, staff must have quick access to each child), and place cribs away from window blinds or shade cords (long cords are dangerous because they can become wrapped around a child's neck).

Following are three important guidelines for helping to ensure a safe center for your children:

1. Be sensitive observers of children. Know the danger signs and be aware of situations that may increase the potential for injury to children. For example:

    - When staff members are absent or busy
    - When a child becomes ill or injured, causing routines to be changed, and stress to rise
    - When children are tired or hungry (such as immediately before lunch, and from mid-afternoon on)
    - When staff members are not familiar with a child's abilities
    - When children are in a new environment (such as during a field trip, when there are new places to explore and safety rules may be forgotten)

2. Be constantly on the alert for hazards. Make a copy of the Site Safety Checklist for each staff member, and keep another copy posted in the center. Use the checklist to conduct regular safety checks.

3. Be sure that all materials are safe. Any materials you purchase, including furniture, playground equipment, toys, and arts and crafts supplies, must be safe. Read labels and instructions carefully; file them for future reference. And carefully inspect all donated items, to determine whether they are up to current safety standards, or require additional repair before being used.*

Preventing Poisonings

Children under the age of five are in stages of growth and development in which they are constantly exploring and investigating the world around them. This is the way they learn. Unfortunately, what children see and reach for is usually placed in their mouth.

Childhood poisonings in Massachusetts are caused most frequently by medicines, plants, detergents, cleaners, perfumes, and vitamins. Children like these products because of their brightly colored packages, resemblance to juice bottles, pleasant odors, sometimes pleasant tastes, and candy-like shapes. Children see adults use these products without harm and try to use them in imitation.

In addition to these products, chances are your center has many other things that you may not think are poisonous but which could be harmful if eaten or sucked. This section will identify some of these common hazards and recommend ways to protect children from poisonings.

The key to preventing poisonings is to make the environment as hazard-free as possible, and to carefully supervise children's play. Although we have reviewed educational materials and evaluations of programs designed to teach young children about poisons, we have not found any effective curriculum on this topic. In fact, some techniques designed to discourage preschoolers' attraction to poisons have had the opposite effect.

Make sure that each telephone at the center has a Massachusetts Poison Center sticker on it, and that you and other staff have the sticker in your address book or wallet. Also, include Syrup of Ipecac in your first aid kit. Ipecac induces vomiting, but should only be used upon advice of a doctor or the Massachusetts Poison Center.

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*Appendix C lists major points to consider when buying or using high chairs, baby walkers, baby carriers, playpens, strollers, and carriages. Information about toys and toy chests is included in the checklist. Refer to Appendix D for a list of toys considered safe for children under age three.

Plants

Plants with flowers or berries are extremely interesting to young children. The Massachusetts Poison Center reports that its most frequent type of call involves children who have eaten a plant.

Some common household plants are poisonous. These include philodendron (leaves), dumbcane or dieffenbachia (all parts), and mistletoe (berry and leaves). Lists of poisonous and non-poisonous household and outdoor plants are found in Appendix J.

Naturally, poisonous plants should be kept out of the center. There are many non-poisonous plants that can be used for decoration and classroom projects. However, remember that a non-poisonous plant is not necessarily safe for a child to eat.

Arts and Crafts Materials

When buying arts and crafts materials, look for these labels:

- Non-toxic. Item will not cause acute (immediate) poisoning.
- AP: Approved Product. Item contains no materials in sufficient quantities to be toxic or harmful to the body, even if eaten or swallowed.
- CP: Certified Product. Item meets same standards as AP, but also meets specific standards for quality, color, etc.

Make sure your current arts and crafts materials have these labels. The safest materials will have the AP or CP labels. A list of unsafe art supplies is also in Appendix J.

Watch children closely during art projects for mouthing of paint brushes, fingers, crayons, or other objects and materials. Some centers have reported that children are attracted to fruit-scented markers and may try to eat them. Also please remember that: Homemade dough has large amounts of salt and can be dangerous if much is eaten.

Batteries

Small button batteries found in some toys, cameras, and calculators are extremely poisonous if swallowed; they are also a choking hazard. When replacing a button battery, be sure you discard the old one immediately, away from children's reach.

Cooking and Kitchen Utensils

Activities involving children in cooking and preparing foods are important to the preschool curriculum. In addition to observing safety precautions, make sure that children do not mouth or gnaw on cooking utensils--even the handles. Some of these utensils have handles painted with lead-based paint which a young child's body could absorb.

Diaper-Changing Area

Be careful about what items are given to children to "keep them occupied" during diaper changing. Sometimes a staff member will grab a bottle of lotion or a container of talcum powder for the child to hold. A number of these substances are dangerous if swallowed or inhaled, and a child mouthing a container might eat some of the contents. Materials used to disinfect a changing surface should also be kept well out of reach of the diapering surface.

Supply Storage Area

Storage of any potentially harmful materials should be given special consideration.

- Put cleaners and other potentially harmful items "up, up, and away," out of children's reach.
- Because some children in your care may be able to climb, use a cabinet lock where these items are stored.
- Never store any potentially harmful substances in anything but their original containers.
- Be aware of product look-alikes; children can't tell the difference between a jug of bleach and a jug of milk or a bottle of disinfectant and a bottle of apple juice. Never store or place these items together.
- Do not keep old medicines around. Flush them down a toilet or drain.

Lead Poisoning

Children can be severely poisoned from lead in their home, school, or outdoor play areas. High levels of lead in a child's body can cause serious illness or permanent damage. Even small amounts can affect a child's ability to learn and develop. Lead poisoning can be treated medically, if caught in time.

You usually hear about children being poisoned by eating lead-based paint from peeling or flaking walls and windowsills. This is the most common cause of lead poisoning among preschoolers. About 80 percent of all Massachusetts

homes have some lead paint. Preschoolers living in substandard housing are at greatest risk for lead poisoning, but all children under six years of age are potential victims.

More attention is now being given to other sources of lead in a child's environment. Some of these are:

- Soil contaminated from paint that has flaked off or been scraped from buildings
- Lead from traffic exhaust that settles into soil or objects that a child may play with outdoors
- Dust from clothing and/or equipment of a family member exposed to lead through his or her job
- Toys, cooking utensils, or any equipment used by children that is coated with lead-based paint (Check donated items carefully.)

Once lead gets into the soil, it stays! Lead gets into children's bodies when they put fingers, hands, and toys into their mouth after playing in soil.

Office for Children (OFC) regulations require a lead inspection of all day care centers before licensure. If lead paint is found, the law requires:

1. Removal of all lead paint on intact chewable surfaced below four feet (e.g., windowsills)
2. Removal of any flaking, cracked, or deteriorating lead paint both inside and outside the building

Preventing Lead Build-Up. The same steps you take to control the spread of germs in your center will help you prevent build-up of lead dust on surfaces and/or children's hands:

- Clean your own and children's hands frequently, especially before preparing food and eating, and after touching pets, shoes, or art supplies; gardening; crawling; or playing in dirt.
- Wet-mop floors, window wells, and windowsills frequently with a high phosphate detergent such as TSP.
- Make sure children keep outdoor toys outside, and indoors toys inside. Toys out of doors collect more lead dust, which shouldn't be brought inside.

Lead Screening. All children (urban, suburban, and rural) between the ages of six months and six years should be tested for lead at least once each year, preferably during the late summer when lead levels tend to be the highest. The lead test involves a simple, almost painless finger-pricking to collect a small amount of blood.

Most children who are lead poisoned will show no symptoms. Symptoms that do show resemble common childhood illnesses--headache, stomach ache, fussiness, poor appetite, fatigue. Lead poisoning may also affect behavior. Teachers should be aware of any child in their care who has lead poisoning.

For more information about lead poisoning, screening, or inspections, contact the Massachusettts Childhood Lead Poisoning Prevention Program at 1-800-532-9571.

Preventing Burns

Every year, approximately 2 million persons, many of them children, sustain burn injuries. Across the nation, about 1300 children per year die from burns. The United States has the highest incidence of deaths from fire and flames in the world.

The extent to which a burn affects a child's life is considerable. Children who have burn injuries continue to suffer long after the initial event. Pain, scarring, disfigurement, multiple operations, plastic surgery, social ostracism--all of these can result from a single burn incident. The four major types of burns are described below.

Two-thirds of all burns of children up to age three are scald burns. Most of these scalds occur in the kitchen from hot liquids (e.g., coffee) left unattended. And although adults are often present when scalds occur, frequently they are tired, stressed, distracted, or hurried.

Scalds also happen in bathrooms when the water temperature is set too high and the child or a sibling turns on the water while a child is in the tub.

Scald burns usually affect large areas of the body, causing serious injury. One-half of all scald victims in the age group of three or under are hospitalized.

Contact burns often result when children lose their balance and fall on a hot surface or touch one out of curiosity (e.g., a steam pipe, radiator, light bulb, or heating appliance). About one-fourth of all burns to children age three or less are of this type.

Severe facial disfigurement can result from electrical burns. Extension cords are a bigger source of electrical burns than outlets. Young children suck on cords; older ones use teeth to pry extension cords apart.

The most serious injuries--death or disfigurement--are caused by flame burns. Playing with matches and lighters is the most common cause of flame burns involving only one child. Most often flame burns result from clothing that has caught on fire.

Most fatal house fires occur at night. These result from human carelessness; specifically, careless use or disposal of smoking materials and electrical shorts caused by faulty or improperly used appliances.

Smoke can cause death even when flames don't block an escape. Both early warning and having a pre-planned escape route can prevent death. Smoke detectors reduce fire deaths by at least 50 percent. They are important in sounding an alarm, but fire drills and simple safety behaviors must be practiced so that staff and children in your care know how to exit quickly and safely.

Emergency behaviors to reduce burn injury include:

- Drop and roll. Even young children can be taught this behavior. Running when clothes are on fire worsens the flame and the severity of the burn.

- Apply cool water immediately. This will prevent the burn from continuing and also reduce the severity of the burn. This is the only thing that should be applied immediately.

- Crawl under smoke. More deaths result from the smoke rather than the flames of a fire. The best air is close to the ground. Teaching children to crawl to an exit is also something that children can learn through practice.

Handouts on these safety behaviors for burn prevention are included in Appendix J, and the Project Burn Prevention Curriculum is described in Chapter 3. In addition, listed below are some general burn prevention tips.

1. Do not allow children in the kitchen or cooking area without adult supervision.

2. Cooking facilities or equipment should be out of reach of children.

3. Make sure electrical cords and extension cords are not dangling within children's reach.

4. Turn handles in toward the back of the stove. Do not carry hot foods or liquids when children are near you.

5. To prevent hot water scalds, check the tap water temperature and make sure it is kept between 110° F and 115° F.

6. Never run cords underneath a carpet or rug; they may become worn or frayed and cause a fire.

7. Cover unused outlets with shock stops and used outlets with outlet covers, especially near sinks.

8. Test fire and smoke alarms at least once per month to see that they are working.

9. Place fire extinguishers where you can reach them easily.

Making Your Playground Safe

In all our conversations and workshops with preschool teachers, we found that playgrounds and outdoor play areas were the major concern--and rightly so. The majority of all injuries experienced by children in the day care setting take place on the playground.

While most injuries on playgrounds are not severe--cuts, abrasions, sprains, and fractures--there have been fatalities as well. Most deaths on playgrounds are due to falls and unintentional hangings.

In 1980, the Consumer Product Safety Commission estimated that nearly 50,000 children are injured each year on home playground equipment. Most of these children are under ten years old.

Children constantly use playground equipment in new and self-challenging ways--climbing, hanging upside down, balancing. That is how they learn, and how they get hurt. Keeping children safe on the playground can be difficult. However, you can prevent some injuries, and can reduce the severity of those that do occur. In this section we'll address ways you can make the playground a safer setting.

Using the Playground Safety Checklist

The Playground Safety Checklist, Appendix E, is a comprehensive tool for setting up and maintaining a safe playground. As with the Site Safety Checklist, you will need to plan some time when the children are away to go through the playground area, item-by-item, using this checklist.

The checklist is divided into the following nine sections:

1. All Equipment
2. Ground Surface
3. Swings
4. Climbing Equipment
5. Seesaws
6. Spacing
7. Slides
8. Sandboxes
9. General Environment

It is designed for you to record whether or not the current situation is safe, any corrections that need to be made, and the date when a correction is made. As with the Site Safety Checklist, some items require a one-time-only change while others need to be checked on a regular schedule.

The checklist can be used to evaluate either your own playspace or a community playground you use (although it may be difficult to have changes made in a public playground).

Guidelines for a Safe Playground

Following are six important guidelines for helping to prevent playground injuries.

1. Separate Areas for Different Types of Play

This guideline is perhaps the most critical element in creating a safe playground. Children need to be able to play freely without colliding into other children or play things. There should be areas for quiet play (such as a sandbox) and for active physical play (such as slides and bike areas). Each should be set off from the other. For example, children should be able to ride bikes in one area without danger of bumping into a group of children quietly playing with blocks.

A good way of separating areas of play is to set up visible boundaries. One day care center used low hedges as boundaries between the areas for swings and slides, for quiet play, for vehicles, and for active games. The children helped plant the hedges (and in the process, learned about growing plants) and the hedges were colorful and just high enough to be seen by running children. The result was a safer and more attractive playground. Landscape timbers and fencing can also make visible boundaries.

To prevent collisions on play equipment (swing sets, slides, monkey bars), keep a minimum distance of eight feet between the individual pieces.

If space is limited, have fewer pieces of equipment rather than crowd pieces together. Take the children to local parks for the experience of larger play spaces.

2. Check Your Playground Frequently for Hazards

Make a copy of the Playground Safety Checklist for each staff member and keep another copy posted in the center. By going through your playground weekly with a critical eye, you can identify hazards before they cause injury. Use the Playground Safety Checklist to spot hazards such as loose bolts or splintered wood. And enlist the aid of your preschoolers. Teach them to be on the lookout for faulty equipment, broken glass, and other hazards; ask them to inform you immediately, so you can remove the hazard.

An exception to your weekly general inspection is a daily check for broken glass. Ask the children to do the same, and to let you know when they find any, rather than trying to pick it up themselves.

3. Supervise the Children's Play

Watching children as they play is crucial to preventing them from hurting themselves and others. If you are where the action is, you may be able to prevent an injury from happening or take swift action if one does occur. If you are close by and attentive, you'll notice the tired child who's trying to do something beyond his or her ability and will be able to intervene by interesting the child in a slower-paced activity.

The outdoor play area should encourage children to play creatively together in groups or alone; older children especially may want to play without adults. If you are not interacting with the children directly, it is still important to watch them carefully. Focus on the areas of high risk: the monkey bars, the slide, the seesaw, and areas that may be near traffic.

4. Establish and Enforce Rules Necessary for Safe Play

Without rules, your playground would be bedlam, with injuries occurring right and left. But your playground or discipline problems won't be solved by a long, complicated set of rules either. Your staff would not be able to enforce them consistently, and outdoor play would be frustrating for everyone --children and staff.

Your aim should be to have all the rules that are necessary for safe play and no more. The challenge is to determine which rules are necessary.

Here are some recommendations for establishing rules:

- First, decide what rules are essential for safe play in your playground. Begin by looking at the whole area. What rules do you need for the whole area? What rules do you need to separate children playing quietly from those playing vigorously? (For example, use tricycles and other wheeled toys in the bike area only; keep toys out of the bike area.) Next, look at each separate area. What rules do you need to keep children safe in each area? What rules do you need for ensuring safety when children use individual pieces of equipment?

- Second, involve your children--the older ones especially--in making the rules. By involving the children, you help them pull together the fragments of safety they know into a more complete set of safe behaviors. The rules will make sense to the children, and children who help make the rules are more likely to follow them.

- Third, word each rule simply and positively. Clarity is a must. Children will understand the rules and respond more easily and staff will remember them better if they are presented clearly. Stating rules positively means that instead of saying, "Don't let go of the ladder when you're on the slide," you say, "Put both hands on the rails when you're on the slide." One reason for using positive phrases is that when you say, "Don't jump from the monkey bars," a child often hears, "Jump from the monkey bars." Instead say, "Climb down from the monkey bars." Be sure all staff agree on the wording of the rules.

- Fourth, enforce the rules consistently, with each staff member using the agreed-upon wording. Being inconsistent about enforcing rules can lead to confusion among the children, and to hard feelings among staff.

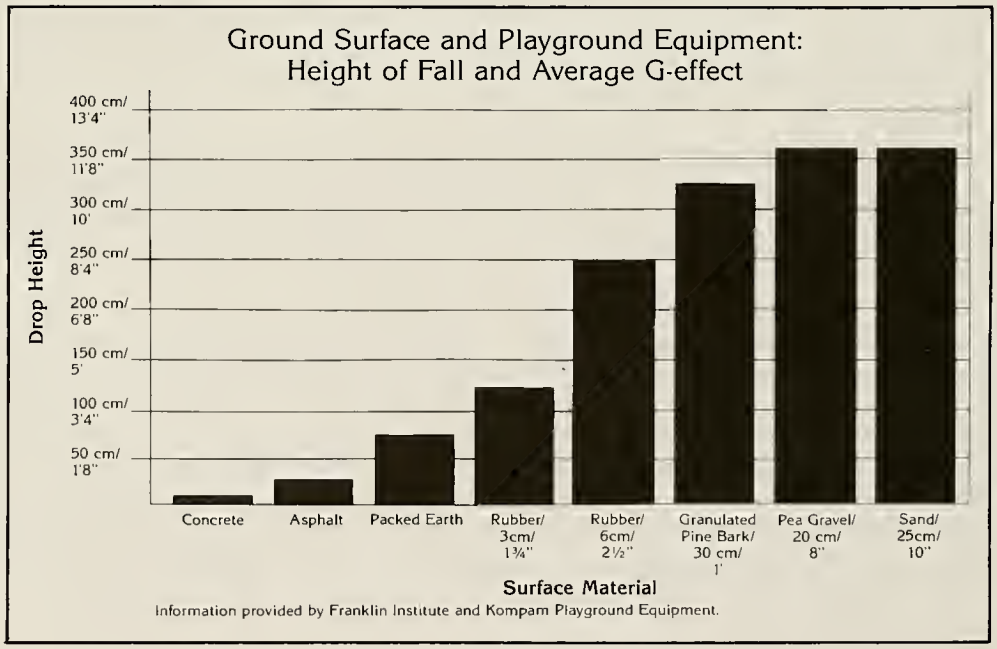
5. Use an Energy-Absorbing Ground Surface beneath All Equipment

You can't always prevent children from falling from playground equipment, but you can maximize the result. The surfacing around playground equipment is important because, in most cases, the surface onto which a child falls determines how badly he or she is hurt. What is the ground covering beneath your play equipment? Asphalt, cement, dirt, and grass, have the potential to be more dangerous than other ground coverings. Although no surfacing material is perfect, loose material such as pea gravel, soft sand, pine, or bark mulch are shock absorbing and create a safe surface. Eight to twelve inches is the recommended depth.

As children run, jump, and fall, loose materials become compact and lose some of their ability to absorb energy. Therefore, regular raking--at least once a week during heavy play seasons--is essential to keep the ground covering loose and energy absorbing. This is particularly important if sand is the ground surface, because it can become as hard as asphalt. Raking also helps remove foreign objects such as glass or metal, which may become hidden in the material.

The Franklin Institute Research Laboratories, Philadelphia, have done a comparative test concerning the relationship between surface materials under playground equipment, height of fall and average G-effect.

In the graph below, the columns show the height from which a child can fall head first onto different surfaces before the critical limit for causing concussion, expressed as 50 G, is exceeded (G = Gravity).



6. Avoid Equipment that Is Too High for Safety

The height of equipment is also critical. Even short falls of one or two feet onto the head have been fatal. Carefully consider height when purchasing playground equipment. Remember that equipment that is very high is not only dangerous, but also intimidating to small children.

Playground, Playsafe is a mini-curriculum designed to reduce falls from playground equipment. It is described in Chapter 3, Reinforcing Safe Habits with Preschoolers, and is included in Appendix F.

Drownings

Although you may not have much occasion to be with the children in your care when they are around water, it is important to be aware of water safety rules. For children, nearly any body of water--from swimming pool to bath tub, from boating area to diaper pails, from local pond to seaside--poses a threat. Drowning is still one of the leading causes of death among young children. Teach children the following basic safety rules right from the start:

1. Swim or play in the water only when an adult is watching you.

2. No running, pushing, or dunking in or around swimming areas.

3. No glass or bottles near swimming or wading areas.

4. No swimming with something in your mouth.

5. Yell for help only when you really need it.

Remember, a child could drown in a few inches of water in just seconds (even in the water in a diaper pail, "kiddie pool," or toilet). Don't leave a child alone in, around, or near any source of water.

Because drowning is an all-too-common accident, adults and children should learn how to administer mouth-to-mouth resuscitation, the technique to restore breathing.

Tricycles

Children enjoy riding tricycles and should be encouraged to do so. Tricycle riding can be an injury-free experience when children are taught to ride tricycles properly, the riding area is well defined, the activity is supervised by an adult, and the equipment is well maintained. Following are suggestions to help make tricycle riding safe:

- Have several sizes of tricycles available for the older toddlers and your preschoolers. If a child is too large for the tricycle, it will be unstable; if the child is too small, it may be difficult to control the tricycle properly.

- A low-slung tricycle with a seat close to the ground offers more stability.
- For extra stability, look for a wide wheel base.
- Avoid tricycles with sharp edges, particularly on or along fenders.
- Look for pedals and handgrips with rough surfaces to prevent the child's hands and feet from slipping.
- Teach children safe riding habits and check on their habits frequently.
- Do not allow tricycles on sidewalks or near streets, since low tricycles cannot be seen by cars or trucks.
- Do not allow children to ride double. Carrying a passenger on a tricycle makes it unstable.
- Teach children that riding down hills is dangerous. A tricycle can pick up so much speed that it becomes almost impossible to stop without brakes.
- Teach children to avoid sharp turns, to make all turns at low speed, and not to ride down steps or over curbs.
- Advise children to keep hands and feet away from moving spokes.
- Keep the tricycle in good condition. Check regularly for missing or damaged pedals and handgrips, loose handlebars and seats, broken parts, and other defects.
- Cover any sharp edges and protrusions with heavy, waterproof tape.
- Don't leave a tricycle outdoors overnight. Moisture can cause rust and weaken metal parts.

Transporting Children Safely

Transporting children is an important part of many day care programs. Whether you drive the children to and from their homes each day or have an occasional field trip, the cars or buses that you are using are still part of your center. Motor vehicle accidents in which children are involved as pedestrians or occupants are the greatest threat to a child's life.

In 1981, Massachusetts passed a child restraint law requiring that all children under age five be fastened in a properly adjusted car seat or seat belt while riding in a motor vehicle. Exemptions include:

- Vehicles without seat belts
- Vehicles with all seat belts and car seats in use

- Vehicles for hire (taxi, limousine)
- Children physically unable to use a car seat or seat belt

To be licensed by the Office for Children, certain additional standards are required:

- The number of children riding in a center-owned, staff member's vehicle, or hired vehicle shall not exceed the number of seats.

- Suitable child restraints or seat belts are to be provided and used by each child, driver, and attendant. All child restraints must be federally approved.

The mandatory seat belt law passed in 1985, effective January 1986, requires all occupants, regardless of age or seating position, to buckle up. The driver is responsible for all passengers under 16 years of age.

This chapter will try to go beyond the OFC regulations and offer some ideas for setting up and maintaining a safe transportation system.

Staff, as well as drivers, parents, and children, can all contribute to a safe transportation program. A written policy that clearly states rules, responsibilities of children and staff, and emergency procedures is essential. Parents and children need to understand the reasons for certain rules. Staff, especially, are responsible for enforcing these rules consistently. A written policy also provides answers to frequent questions, and helps everyone understand his or her role.

The guidelines on the following pages provide an overview of the issues to be addressed in any transportation policy. These suggestions can be adapted easily to fit your individual program's needs.

Table 1 on the following page lists ten basic rules for safe transportation. In addition, there are five major passenger safety measures to emphasize with children (and parents):

1. Everyone in the car should buckle up--including the driver and passengers in the front and back seats.

2. Seat belts go over the hip, not the stomach.

3. The back seat is the best seat for the child passengers.

4. Good passengers buckle up and ride quietly.

5. Seat belts or safety seats should be used on every ride, no matter how short the trip.

We Love You, Buckle Up is a comprehensive package of curriculum ideas and materials to teach passenger safety to preschoolers. This packet is described in Chapter 3, and included in the SAFE DAYCARE kit.

TABLE 1
TEN RULES FOR TRANSPORTATION

1. All vehicles used to transport children should have federally approved safety seats and/or seat belts.

2. When seat belts are used, each child should be in his or her own belt. Two or more people should never be in the same belt. In a sudden stop or crash, having two children buckled together can result in serious injuries.

3. Vehicles that are used daily should be checked daily.

4. The driver should conduct a quick five-minute check to see that the vehicle is working well, and that there is nothing in the vehicle that could harm the children.

5. Drivers should stay alert to changes in the vehicle while driving. Unusual odors, sounds, or vibrations can be warning signals for breakdown.

6. Neither children nor adults should be transported in the cargo area of a station wagon or van.

7. Children should never be left alone in a vehicle.

8. Sharp or heavy objects should be kept in the trunk. They can become deadly projectiles in a sudden stop or accident.

9. Young children should be loaded and unloaded only when the vehicle is pulled up to a curb, the side of the road, or in a driveway.

10. Children should not lean out of the vehicle windows, but keep head and arms inside.

Information on the many aspects involved in establishing a comprehensive bus transportation system is provided in a separate manual, Us in a Bus, available to you at no charge from SCIPP (see Appendix I, Recommended Resources).

Proper Use of Child Car Restraints

Protecting child passengers involves more than simply placing them in a safety seat or seat belt. Child restraint devices have proved to be highly effective in preventing death and injury to children. However, if safety restraints are used improperly, they may not protect children and can cause harm. In order to install and use your particular car seat properly, read instructions carefully. Make an extra copy of the directions to keep on hand.

All staff who will be using car seats should be trained in their proper use. Before the training is completed, each staff member should demonstrate how to properly install and use the seat.

Car seats manufactured after January 1981 meet the Federal Motor Vehicle Safety Standard 213. Those manufactured before that date may or may not be safe. Call the Massachusetts Passenger Safety Program (617-727-1246; 1-800-CAR-SAFE outside the Boston area) if you have a pre-1981 seat to determine if it meets the safety standards. While no particular car seat is considered "the best," you should make a selection based on a seat that: (1) will fit securely and properly in your vehicle(s) and (2) will be used correctly on each ride.

More information about using car seats and safety belts properly is in the pamphlet Kids in Cars, available from the Massachusetts Passenger Safety Program.

Special Trips or Car Pools

A well-organized transportation system is important even if you do not transport children regularly.

Special trips mean special circumstances. First of all, drivers may be traveling over an unfamiliar route or transporting children who may not ordinarily ride with them. There may be extra equipment and supplies to stow safely in the vehicle and unload. Drivers may be sharing responsibility with volunteers who are themselves in a new situation. Finally, the children may be overexcited or overtired from a new or long trip, or may be frightened because they are going to an unfamiliar place.

The following suggestions (from Us in a Bus) can help staff transport children safely during special trips:

- When you know your destination in advance, review the route mentally or with a map if the distance is great; or, practice the route if you have time and the vehicle is available.

- Make sure you have an authorization for every child who will be traveling, as well as a list of all children and adults. Each child should have parental or guardian permission for each trip. Check your insurance coverage for car pools.

- Make sure both the driver and other adults riding in the bus know who is responsible for responding to discipline issues (e.g., parent volunteers, staff, or bus driver). Make sure you tell children who is in charge.

- Make sure each child and all adults are properly restrained when riding in the car.

- Never have more passengers, children, or adults than seat belts.

- Soft books or toys, songs, and conversation help keep the children quiet while their driver concentrates.

- Use this time to talk about rules for safe riding or other important concepts.

- If children become unruly, stop and pull off the road to calm them down. Do not try to drive and discipline at the same time.

- Make sure all passengers know what time they are supposed to return to the vehicle.

- If more than one vehicle is involved in the trip, it should be clear to all passengers in which vehicle they are to ride for the return trip.

- On field trips, make sure that no child enters the vehicle alone or plays in the vehicle while the others are visiting the site.

- Never leave a child or children alone in the vehicle.

- Use a trip sheet to record destination, mileage, times of departure and return, and a list of passengers. For large field trips, the latter is particularly important.

- Be sure that all members of the car pool understand and agree to these guidelines.

- Pay special attention to children when they exit from the bus.

Learning and Teaching Pedestrian Safety*

Children who are just learning to be social, to explore their environment, and to test their physical skills find it difficult to always be good pedestrians. They may be eager to learn about traffic safety and truly want to please their parents and teachers by heeding their words. But the temptations to play can be too much. A shiny nickel in the street, a pile of leaves across the road, or a game of tag across the street are hard for a youngster to resist. Suddenly the child forgets all that has been learned. The only thing that matters is that the nickel needs to be picked up, the leaves must be jumped in, or the tag game joined. Traffic safety takes a back seat to the here and now.

Compared to adults, preschoolers are developmentally at a handicap in dealing with traffic. They have trouble telling from what direction sounds come. They do not know how to use peripheral (side) vision. They are not good at judging the speed of a moving vehicle. A very young child may not even realize that a small car viewed in the distance seems to grow larger as it approaches. To the young child, traffic is confusing; at times it can be overwhelming. Add to this the young child's short attention span and impulsive nature, and it is easy to understand why preschool children are overrepresented for their numbers in pedestrian accident data and why practice is so important in teaching safety to young children.

Data on Pedestrian Accidents among Children

What happens to the young child? Most accidents involving preschoolers occur when a child impulsively runs into a roadway. Something that caught the child's eye suddenly made him or her enter the street. Rarely was the entry a planned movement.

Over the past decade, researchers at the National Highway Traffic Safety Administration (NHTSA) have analyzed thousands of pedestrian accident reports to understand the factors that lead to an accident. From their research, we learn that most urban preschool accidents fall into the five categories described below. The majority of pedestrian injuries (85 percent) and pedestrian deaths (72 percent) occur in urban areas.

The Dart-Out Accident

From the middle of the block, a child suddenly runs into the street (usually

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* (This section on pedestrian safety is adapted from the Walking in Traffic Safely (WITS) program for preschoolers, developed at Applied Management Services, Inc., under sponsorship of the National Highway Traffic Safety Administration, U.S. Department of Transportation.

from in front of or behind a parked vehicle) and is struck by or runs into a moving vehicle. The driver, whose vision is obstructed, rarely sees or has time to react to the child before the collision.

The Midblock Dash Accident

The child runs into the street in the middle of the block and is hit by or runs into an oncoming vehicle. This accident type differs from a dart-out in that the driver's view of the child is not obstructed by a parked car or other obstacle. The driver may be aware of the child's presence but does not anticipate the child's sudden entry into the street.

The Intersection Dash Accident

The child suddenly runs into the intersection and is struck by or runs into an oncoming vehicle. The driver does not usually see the child until it is too late to prevent an accident.

The Backing Accident

The child is struck by a backing vehicle in a street or in a driveway, alley, or parking lot. The child is usually hidden from the driver.

The Pedestrian Not-in-Roadway Accident

The child is struck by a vehicle moving forward or turning into a driveway, alley, parking lot, gas station, or private road.

These five types of accidents occur throughout the preschool years. However, for some age groups, certain types of pedestrian accidents occur more frequently than at other ages.

One-year-olds tend to be more involved in dart-out accidents. The next highest danger to this age group is from backing vehicles. Typically, a child playing in a driveway behind a car is hit by an unsuspecting relative or visitor who drives off without first checking the rear of the car.

By age two, the dart-out accident is the most typical. This is also true for three-, four-, and five-year-olds. Back-up and pedestrian-not-in-roadway accidents have a negligible impact on five-year-olds. For the years two through five, the midblock area is the site for most accidents. Also, as age increases, the intersection dash becomes more common.

The trends indicate the need to teach young children how to avoid becoming involved in a midblock accident. If children are taught the safest way to cross the street midblock, the number of accidents can be reduced.

Also, toddlers need to be kept safe from backing accidents. The youngest children who are least able to deal with traffic are most likely to be run over by a car moving in reverse.

Children would be better prepared for traffic situations if they were taught safe procedures for walking in any area where vehicles might be present, and then practiced pedestrian safety. Alleys, parking lots, and driveways, while not as dangerous to children as streets, do pose a persistent threat. Older children need help in dealing with intersections.

Safewalks, a curriculum presenting five walks to take with children to teach them the basics of pedestrian safety, is described in the next chapter, and is in Appendix G.

WALK

CHAPTER 3
REINFORCING SAFE HABITS WITH PRESCHOOLERS

Curricula Targeting Major Risks to Preschoolers

This chapter will help you find new and creative ways to teach preschoolers skills to prevent falls, pedestrian injuries, motor-vehicle injuries, and burns. Outlined in the box below are several recommended curricula, three of which are provided in this guide.

Additional resources--both print and audiovisual--for children, teachers, and parents are also provided in Appendix I.

Falls

Curriculum Title: Playground, Playsafe

For: Children from preschool through Grade 1

Description: Presents simple lists of safe habits for using swings, climbers, and seesaws. Offers suggestions for helping children to learn safe habits.

Availability: Included in this guide as Appendix F.

Source: SCIPP, Massachusetts Department of Public Health

Pedestrian Injuries

Curriculum Title: Safewalks

For: Children from preschool through Grade 1

Description: Presents five walks to take with children to teach them the basics of being safe around streets and cars. Includes suggestions for making a mural and other activities.

Availability: Included in this guide as Appendix G.

Source: SCIPP, Massachusetts Department of Public Health

Motor Vehicle Injuries

Curriculum Title: We Love You, Buckle Up

For: Preschool-age children

Description: Provides varied activities for teaching children the why, when, where, and how of wearing safety belts. Comprehensive packet which includes a teacher's guide, poster, storybook, stickers, and information for parents.

Availability: Included in the SAFE DAYCARE kit.

Source: National Highway Traffic Safety Administration, Department of Transportation

Curriculum Title: Riding with Buckle Bear

For: Preschool-age children

Description: Provides varied activities for teaching children about safety belts. Includes slides or filmstrip and tape, patterns for hand puppets, and parent information.

Availability: For loan from the Passenger Safety Program, Massachusetts Department of Public Health, 1-800-CAR-SAFE; for purchase from Weiner/Seaman Productions, 1505 Winchester, Glendale, CA 91201, 213-244-3263.

Source: Weiner/Seaman Productions

Miscellaneous Item: Buckle-Up Bear Costume

Description: A full suit that fits a wide range of adults. Use of suit complements Riding with Buckle Bear kit, or can be used on its own. Comes with seat belt.

Availability: For loan from the Passenger Safety Program, Massachusetts Department of Public Health, 1-800-CAR-SAFE. Please schedule at least a month in advance of date needed.

Burns

Curriculum Title: Project Burn Prevention

For: Children ages 4-7

Description: Includes teacher's guide, two 5-minute filmstrips with audio cassettes, and two posters. Gives suggestions for activities to reinforce or practice the information from the filmstrips.

Availability: For loan from the Statewide Comprehensive Injury Prevention Program, Massachusetts Department of Public Health, 1-800-CAR-SAFE. Available for purchase from the National Fire Protection Association (NFPA, Batterymarch Park, Quincy, MA 02260, 617-328-9290).

Source: Education Development Center, Shriners Burn Institute and Massachusetts General Hospital

General Suggestions for Teaching Children about Safety

Following are seven suggestions for teaching safety to children. You are probably already using some of these methods. They are largely common sense, and require no new expense and little time beyond familiarizing yourself and other staff with them and deciding which ideas you want to try out.

1. Use the "Teachable Moment" Whenever It Occurs (Usually Many Times a Day!)

Teachable moments . . . unplanned, spontaneous learning happens when you least expect it. They spark discovery and curiosity and help us remember that how we teach is as important as what we teach.

When a minor mishap occurs, and after you have determined that the child is safe and uninjured, use the opportunity to talk with the child about how the accident happened and how it could have been prevented. This "instant replay" will have more relevance to the child than talking about the incident at a later time.

2. Integrate Safety Education into the Overall Curriculum

Consider what safety skills and concepts children need to know in each area of your curriculum. Teach children to use each new piece of equipment correctly and safely. Repetition for reinforcement of messages and practicing of skills is very important.

3. Be a Positive Role Model for Safe Behavior

Children imitate adults in order to gain a personal and physical identity. If you want children to behave in a certain way, behave that way yourself:

- Always carry scissors with the pointed ends down.
- Always wear a seat belt when you're riding in a vehicle.
- Always hold the handrail when you go up and down stairs.

4. Be Sure the Children Understand Your Messages

Make clear, precise statements when explaining safe behavior to children. Show them what you want them to do, and ask them to practice the safe behavior.

5. Explore Safety Issues during "Circle Time"

Help children work through some of their fears about scary or new situations by asking "What would you do if . . ." questions:

- What would you do if you found pills on the kitchen table?
- What would you do if you found matches somewhere?
- What would you do if you got into a neighbor's car and didn't know how to put on the seat belt?
- What would you do if you were climbing up the slide and someone got too close behind you?

6. Provide Opportunities for Dramatic Play around Safety Issues

Engaging in dramatic play presents an opportunity for children to learn and practice safety behaviors in a fun way. Consider setting up a safety corner that includes such items as a cardboard car with real seat belts salvaged from a junkyard; first-aid play materials that help children feel comfortable about first-aid treatment; or posters on safety issues.

7. Stock Your Reading Shelves with Safety Books

Borrow safety books from your local library and make them available to the children. (A list of recommended resources can be found in Appendix I.) Keep in mind the topics the books cover, and read passages to the children at appropriate times--for example, read about bicycle safety during early spring.

Children:

Name	Parent	Phone No.
Elizabeth	Jim	727 1011
Matthew	Ann	727-3464
Geoff	Karen	727-6107
Jill	Susan	727-5430
Anna	Ross	727-6429
David	Marcy	727-0016
Alexis	Tom	727 4163
Caeli	Chip	727 2106
Julie	Ellen	673-1073
Jermaine	Sue	545 1165
Robin	Pat	727-0093
Chip	Wynn	727-2132

EMERGENCY LIST

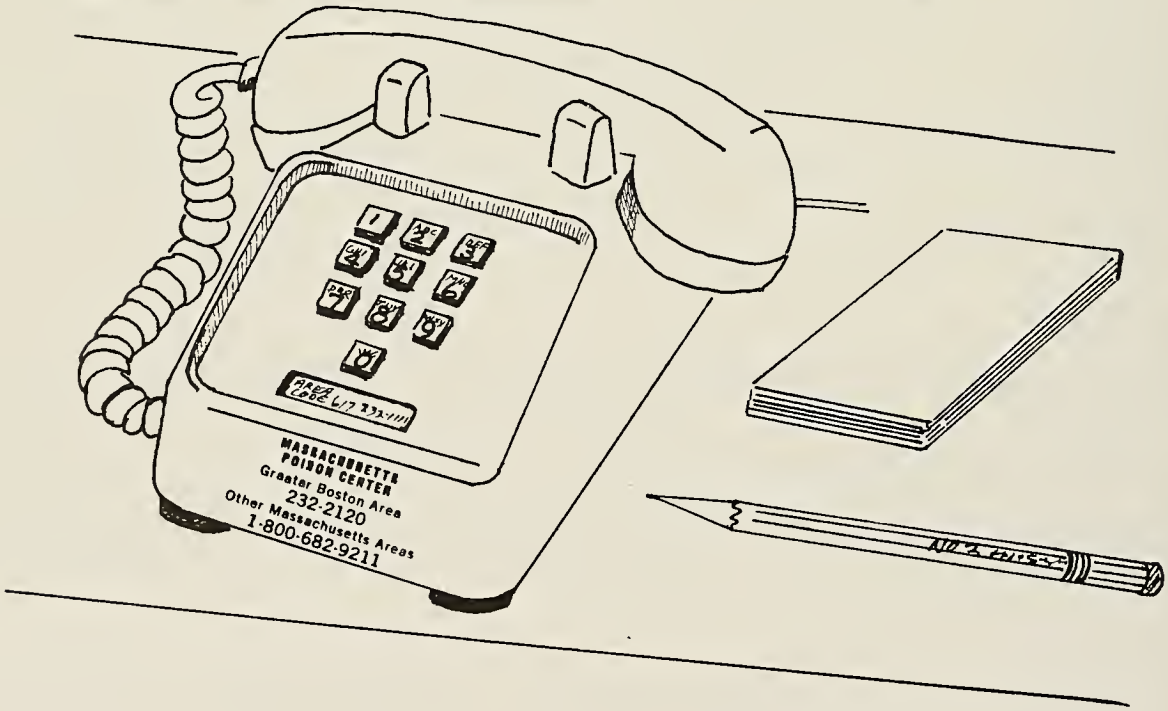
FIRE 727-0000
POLICE 727-1212
AMBULANCE - 727-4490
POISON CONTROL 1-800 682-9211

THIS phone is located at Skippers Pre-school 850 PARK ST., BOSTON
Phone no. 727-1246

DIRECTIONS: 2nd floor, rear of building at intersection of Park and Tremont sts.

Nearest EMERGENCY room: ROGERS Hospital 727-1248

TAXI - BLUE CAB 727-9999



CHAPTER 4
BEING PREPARED FOR AN EMERGENCY

Introduction

No matter how careful and safety-conscious you are, there will be times when emergencies occur.

A child falls from the climber on your playground. You suddenly lose your electrical power during a winter storm. You smell gas in the center. A child starts to choke during snack time. Would you know what to do?

Situations such as these show how essential a comprehensive written policy is to the smooth functioning of your program. Your center's policy must answer questions such as:

- Who will give first aid?
- Who will take the attendance list if the building needs to be evacuated?
- What will you do if some of the children panic and refuse to leave the building?

Your policy should clearly state the roles and responsibilities of the children and each staff member in an emergency. Parents, too, need to be informed of your center's emergency policy and their roles in it.

The following are some general guidelines for handling emergencies. They can be easily adapted to fit your center's needs.

- Staff should be certified in first aid and CPR (cardio-pulmonary resuscitation). At least one certified staff person should be in the center at all times. Certification should be renewed every year.
- Keep your first aid kit where it can be easily reached in an emergency, but away from children.
- Check your kit regularly to make sure supplies are adequate.
- Keep a list of emergency phone numbers and procedures near all phones for easy, quick reference.
- Have current, signed emergency transportation permission forms for all children.

Emergency Procedures

In the event of an emergency, there are two important things to remember:

KEEP CALM

ACT QUICKLY

If you panic, it is likely the children will panic, too!

Different programs may have different policies for emergencies, based on their size, location, and the ages of the children. The Emergency Procedures List in Appendix H presents an outline of procedures you can adapt to fit your own needs in case of serious medical emergencies.

Hospitals and emergency rooms will not give emergency treatment to any minor child, except in a life-threatening situation, without parental informed consent at the time of treatment. Parents can give you standing permission (i.e., on file at the center) to transport the child to an emergency treatment center. See Appendix H for a sample Emergency Transportation Permission Form.

The center should also have a standardized form to report all injuries that require first aid or other emergency procedures. See Appendix H for a sample Injury Report Form. One copy should be given to the parent(s) and one filed in the child's folder. Some injuries or incidents must also be reported to the Office for Children.

Getting Help

Most of us assume that we can use a telephone to call for help. Usually we can, but it is important to think about alternatives in case a working telephone is not available. Know the locations of nearby pay phones, fire alarm boxes, or places you could go for help. Make sure that the phone in your center can be reached easily and that it is never locked away.

In many communities, you can reach emergency assistance by dialing 911. You should also be familiar with the numbers for police, the fire department, and an ambulance. You can call the operator, but this is a slower way to get help.

Keep an emergency phone list posted in an easily readable spot by every telephone. A sample list is provided in Appendix H. You should include your address, a description of the building, and directions to it from a major road; these may be hard to remember in a crisis situation. Local emergency numbers can be found on the inside front cover of your phone book.

Learning More about "Helpers"

Most people know very little about their local emergency medical services. This does not have to be true for you. In order to be better at first aid, you should be familiar with the ambulance and emergency room in your area. Here are some questions you should try to answer:

- Who answers the emergency phone (police, fire, ambulance, dispatcher)?
- What steps does the dispatcher have to take before sending the ambulance? (Call another dispatcher? Call emergency medical technicians?)
- Who provides the ambulance service (police, fire department, volunteers, private companies, another town)?
- How far do they have to travel to get to me? Where is the station?
- How long will it usually take them to get to me?
- Where are the nearest emergency rooms?

A final note on help: Get to know your local helpers before you need them in a crisis. Most ambulance services are happy to show visitors (including preschoolers) around their office, and some will even come visit your center if asked. Emergency rooms are harder to tour, but you can at least visit the waiting area and become familiar with how to get checked in. Familiarity with helpers now will come in handy when you need them later.

First Aid

First aid is the immediate care of persons who are injured or ill. All group day care programs are required by the Office for Children to train staff in first aid procedures. This guide will not go into detail about first aid since every center should have a first aid guide book. If your center does not have a guide, you should get one immediately! References for helpful first aid resources are provided in Appendix I.

The First Aid Kit

At least one first aid kit should be maintained at the center at all times. Another kit should be available whenever and wherever children are in your care (e.g., on field trips, walks, etc.). In particular, you may want one easily reachable in each high-risk area such as the kitchen and the playground. The kit may be placed in any lightweight and convenient container --a lunch box, a handbag, or a shopping bag. The kit must be kept out of the reach of children.

The contents of the first aid kit are listed in Table 2. You should assign someone on your staff to inspect the kit monthly to be sure that it is complete. Keep a list of the contents you maintain in your kit and a record of the monthly inspections.

TABLE 2
FIRST AID KIT LIST

The following is a list of items that should be included in a basic home or preschool first aid kit:

- [ ] A quick-reference first aid manual
- [ ] Note cards and pen
- [ ] Thermometer
- [ ] Flashlight
- [ ] Blunt-tip scissors
- [ ] Tweezers
- [ ] Rubber ear bulb syringe
- [ ] 10 4" x 4" gauze pads
- [ ] 10 2" x 2" gauze pads
- [ ] 1 roll 4" flexible gauze bandage ("Kling")
- [ ] 1 roll 2" flexible gauze bandage ("Kling")
- [ ] 25 1" and 25 assorted small "Band-Aids"
- [ ] 1 roll 1" bandage tape
- [ ] 2 triangular muslin bandages
- [ ] Syrup of Ipecac (at least 10 1-oz. bottles)
- [ ] Activated charcoal
- [ ] Packages of sugar or honey
- [ ] With kit, a large (1- to 2-quart) clean container for use in flushing eyes
- [ ] In your field trip kit, some coins for use in pay phones, soap for washing wounds, and cleansing pads

First Aid Education

Staff

The Office for Children requires centers to train all staff in basic first aid procedures, including choking, seizures, and resuscitation. This training should be done at least yearly, or more often if necessary to train new staff. The first aid training should be geared toward early childhood and the unique needs of day care providers. Ideally, it should include a developmental approach to children and injury prevention as well as training in how to handle emergencies appropriately from both a medical and psychological viewpoint. All staff must know the center's specific policies for emergencies in addition to basic first aid.

Children

Children should know how and from whom to get help. It is helpful to teach children several basic concepts:

- Tell an adult right away if something is wrong (someone is hurt or sick).
- Some things are dangerous (e.g., poisons, matches, tiny objects in the mouth).
- A person who is very hurt or sick may need to be alone with a helper.
- Follow all safety rules.

Older preschool children also can be taught about basic care concepts--e.g., cuts need to be cleaned with soap and water, direct pressure helps stop bleeding, burns should be treated with cold water. If children understand why certain first aid procedures are necessary, they may be more cooperative.

Parents

It is always helpful to keep parents refreshed about first aid procedures. You may consider inviting parents to your staff training or having a special meeting to review home first aid procedures. You might want to include brief articles about first aid and injury prevention topics in your newsletter, if you have one. Keep parents informed when you know about community education programs. First aid resources are a great addition to a parent lending library, too.

FIRE EXIT
PLAN FOR
THE HOME
PREVENTING
SCALDS
Dear
Parent

CHAPTER 5
ADVOCATING CHILD SAFETY TO PARENTS

Why Involve Parents?

Although children may be in your care for a good part of the day, it is their parents who are the main influence on preschoolers' health and development. Family and cultural values, social and economic circumstances, housing conditions and personal habits all play a critical role in the development of a child's attitudes and behaviors, including those regarding safety. Learning as much as possible about a child's home life is always important when attempting to understand and further his or her development in day care. Applying this knowledge to the area of safety may help you target parents' safety concerns or think of strategies that will make the most of your safety education with children and parents.

Before You Begin

Safety can be a sensitive topic with families. As a child care professional and someone who knows and cares about their children, you are a respected source of information to most parents. However, some parents may feel threatened that their judgement, knowledge, or habits about safety are being called into question. Discussions of safety habits and injuries may arouse anxiety in the parent that she or he is suspected of doing a poor job or abusing or neglecting the child.

Discussing safety issues matter-of-factly, in a concerned and positive way, can help make your safety education with parents both pleasant and productive. Comment on positive safety practices the child demonstrates ("Anna tells us she is always the first to buckle up in the car.") Use humor or anecdotes from your own experience to avoid sounding "preachy." Acknowledge the stress that parents are under and offer your safety recommendations in manageable "doses." Parents are likely to care about and act on childhood safety when they feel confident, not overwhelmed.

A parent might mention a neighborhood fire which was witnessed by children in your center over the weekend. With this information, you could plan to use the children's increased awareness in a lesson on fire safety. Also, discussing fire safety planning could reduce children's anxiety about it happening to them.

Consider the families' circumstances outside day care. Do they have the time or interest for special projects? Knowing this will help you plan follow-up activities that reflect a practical expectation of how much parents can--or want to--be involved. Would they appreciate a note sent home on the fire episode and a fire-related lesson? Are they likely to use a handout with

steps on how to develop and practice a fire escape drill in their home? Would they be interested in attending a parent evening on fire and home safety?

Just as it is important for you to understand children's environment outside day care, it is also important for parents to know what their children are learning and doing in the area of safety at day care. Keeping parents up to date on what safety activities you are conducting in the classroom can help them reinforce safety messages at home. Let them know of safety rules at school, particularly those that come with each new swimming or snowball-throwing season. This can help them identify and sort out confusion that children may have about different rules at home and at school.

Children's experiences in day care need to blend as much as possible with their experiences at home. This does not always happen. Older preschoolers, especially, may want to know why they can jump off furniture at home but not in school, or why they are allowed in the kitchen during meal preparation at home but not in school. They need to understand that although their families' values and rules may differ from the center's, there are good reasons for this, and both sets of rules are okay.

Your daily contact with the children can also be a source of safety-related information that would be useful to parents. Your observations of the child's development and behavior both alone and with other children of his or her age may be helpful to parents who are sometimes too close to their child or too busy to see the changes the child is going through. Your awareness of the child in a group setting may be good for a parent whose child spends most non-classroom time with adults only. Noticing a book of matches in a child's pocket or a child's increased risk-taking among peers are important pieces of information that parents need to know.

Written Materials

Parent Handouts

Because child drop-off and pick-up times can be hectic, and parent conference times are often less frequent than you might like, it is good to have written materials to convey or reinforce important safety information. Parents can read them at their convenience and keep them for reference if needed.

With this in mind, we have developed a set of simple one-page handouts for parents. These handouts, written in a clear, simple style and illustrated, cover a variety of safety topics. Because most injuries to preschoolers occur in the home, the majority of handouts are targeted to important home safety topics such as how to escape a house fire or what to do if a child swallows poison. While some are directed specifically to parents, others such as E.D.I.T.H. (Exit Drills in the Home) and Stop, Drop and Roll include practice drills geared to parents and children. Samples of the handouts are included in Appendix J. These are reproduceable; some are in Spanish as well as English. Suggestions for their use are included in this chapter.

SAFEHOME Checklist

We have also developed the SAFEHOME Checklist for parents. This checklist (one part of a more comprehensive program known as SAFEHOME) contains forty-four questions to guide parents through their own home safety checks. These forty-four questions were selected to address both the most serious and the most frequent home hazards to young children. The checklist also includes information on safety supplies for the home and safety behaviors for parents and children.* While the SAFEHOME Checklist is a great tool for parents who are motivated enough to complete a SAFEHOME check on their own, some parents may need outside help. A variety of home visiting agencies and volunteers are currently being trained throughout the state to assist parents by conducting free SAFEHOME checks. Call us (617-727-1246) to see if an agency in your community is offering SAFEHOME checks.

Limited copies of the SAFEHOME Checklist are available free of charge from SCIPP at the Massachusetts Department of Public Health.

Ways to Work with Parents

As you know from your experience as a day care provider, there are a variety of ways to work with parents. You've most likely used the ideas outlined below in other child health areas (Is there a provider somewhere who has not sent home the dreaded "lice memo"?) and you've probably used others we haven't even thought of!

What's most important is your knowledge of your day care parents. How can you get and hold their attention? Are parents generally eager for new information provided by your staff or are they too stressed to handle any more demands on their time?

Again, your knowledge and experience in working with parents in other areas will guide your efforts here. One parent described how her daughter's day care organized a family pot luck dinner and planning meeting that involved nearly all of the thirty families. Pot luck meetings were held twice a year, with plenty of advance notice. Pot luck offerings were divided up among staff and parents, with each person bringing one small, manageable part of the meal. Food was brought by the parents at supper time, and parents, children, and staff members enjoyed an infrequent social time without undue strain on anyone's part. After the meal, the children were taken to a separate area by aides paid to watch them an extra hour, and parents had an hour together with staff for a special program or for planning/business activities. This arrangement freed parents from having to postpone mealtime for themselves and

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* A reduced copy of the checklist is at the end of this chapter. It is also available in Spanish.

their children, arrange and pay for their own child care (or not come because of the lack of it), or make a special trip out in the evening after they had already settled in. This parent felt the shared food and companionship of the social hour helped parents to be more actively involved in the meeting. An evening similar to this might be ideal for a parent discussion and film on childhood injury prevention.

At a meeting of parents, you may want to try the following to focus a discussion on injury prevention:

- As an opener, have some/all discuss an injury that occured to them as a child or someone they knew. Could it have been prevented? How?
- Ask parents if they have any particular concerns about safety.
- Show an injury prevention film for grown-ups, or a film their children have seen. (See resource list in Appendix I for audiovisuals available to you at no cost.)
- Discuss SAFEHOME, use film, demonstration board of safety supplies, if appropriate. (See Resource list in Appendix I.)
- Give out batteries for smoke detectors, Massachusetts Poison Center stickers, Syrup of Ipecac, and relevant handouts.

Regardless of the way or ways you involve parents in center-sponsored injury prevention activities, it's important that parents know what kind of safety skills their children are learning and that they understand that an injury is the greatest threat to their child's health. By working with parents, you can create an injury prevention partnership to keep children safe.

Before he takes his first steps, make sure you've taken yours.

S · A · F · E S T A T E

Safe H·O·M·E CHECKLIST

A step-by-step home safety check for families with children up to age six

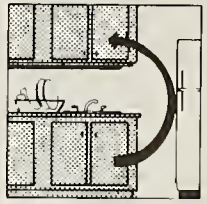
based on the most up-to-date injury data, the Massachusetts Department of Public Health has developed this checklist to help you make your home a SAFEHOME.

Simply go through your home, guided by the checklist questions. Check Yes, No, NA (for Not Applicable). If your answer falls in the shaded column — the safe column — you've already taken steps to protect your child. If your answer falls in the unsafe column, you'll need to make some changes for the safety of your family. Those safety measures that are also State Sanitary Code-related items are preceded by the following symbol: ▽. Items in bold type are high-priority items.

Kitchen Safety

	Safe	Unsafe	Not Applicable
1. **Are coffee, hot liquids, and hot foods placed out of your child's reach?** (SAFE = not in the hands of an adult holding a child, not at the edge of a counter or table, and not on a tablecloth which could be yanked down.)	Yes	No	

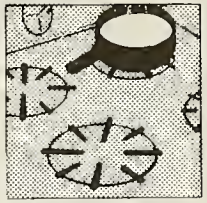
2. **Are cleaning supplies stored beyond your child's reach?**	Yes	No	



3. Are cleaning supplies stored separately from food?	Yes	No	
4. Are food treats and other attractive items stored over the stove?	No	Yes	
5. Are vitamins and medicine stored beyond your child's reach? (Children like to imitate adults "taking medicine.")	Yes	No	

Safe Unsafe Not Applicable

6. Do you use extra care when heating foods for and around your child? (SAFE = keeping pot handles toward back of stave; testing temperature of microwaved food before feeding to your child; keeping your child in a safe place while you are cooking.) **Yes** No



7. Are knives and other sharp objects kept out of your child's reach? **Yes** No

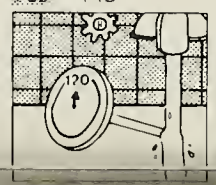
Bathroom Safety

8. **Are medicine and vitamins stored beyond your child's reach?** **Yes** No

9. **Are electrical appliances (radio, hair dryer, space heater) used in your bathroom?** (These can cause serious electrical shock or death if they are plugged in and fall into a tub while your child is in the water. SAFE = out of bathroom or unplugged, away from water, and beyond your child's reach.) **No** Yes

10. **Is your child always watched by an adult while in the tub?** (Children can drown in a few inches of water within seconds; they can be burned by turning on the hot water themselves.) **Yes** No

▽11. **Is your home's hot water adjusted to o safe temperature?** (The State Sanitary Code allows a range of 110°-130°F; we recommend 120°F or less to prevent tap water scalds.) **Yes** No



Your hot water temperature:_____°F

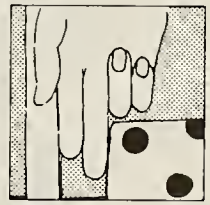
Child Area Safety

Safe Unsafe Not Applicable

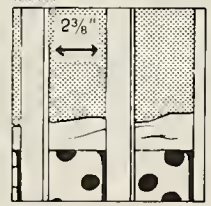
12. **Is access to windows blocked so your child can't fall out?** **Yes** No

13. **Are toddler gates used at the top and bottom of stairs?** (Accordian-type gates should not be used; they can cause strangulation and death.) **Yes** No NA

14. **Does crib mattress fit snugly?** (A loose-fitting mattress can cause strangulation or limb injuries. SAFE = no more than two fingers' distance between mattress and crib railing.) **Yes** No NA



15. Are crib slats 2⅜ inches or less apart? (Your child could be caught or strangled between bars that are greater than 2⅜ inches apart.) **Yes** No NA



16. Does toy chest have a lightweight lid, no lid, or a safe closing mechanism? (A dropping lid can cause suffocation or head or neck injuries.) **Yes** No NA

▽17. Do windows have screens that are secure? **Yes** No

General Safety

▽18. Does your house or apartment have two unobstructed exits (in case of fire or other emergency)? **Yes** No

19. Are electrical cords — extension and appliance cords — in safe condition? (SAFE = not frayed or overloaded.) Yes No

20. Are electrical cords beyond your child's reach? Yes No NA

21. Are plants placed out of your child's reach? (Some plants are poisonous.) Yes No NA

22. Are all space heaters approved, in safe condition, and inaccessible to your child? (SAFE = stable, with protective covering, and at least 36 inches from curtains, papers, and furniture.) Yes No NA

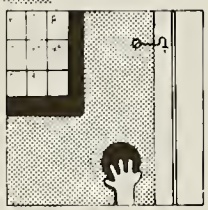
23. Is your wood-burning stove in safe condition and inaccessible to your child? (SAFE = inspection of stove, stovepipe, and chimney yearly; use of protective screen for stove.) Yes No NA

▽24. Are stairs, protective walls, railings, porches, and balconies sturdy and in good condition? Yes No

▽25. Are hall and stairway lighting adequate (to prevent falls)? Yes No

▽26. Does your house or apartment have any loose, chipping, or peeling paint? (Children can be poisoned by lead paint.) No Yes

27. Can your child get into the basement? (SAFE = hook and eye latch placed 5 feet or higher from bottom of door to prevent your child from entering the basement where dangerous products ore often stored.) No Yes NA



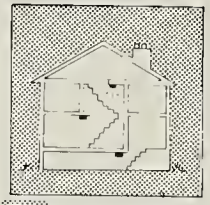
28. Can your child get into the garage? (See #27.) No Yes NA

29. Are pools on your property or in your neighborhood protected from use by unsupervised children? Yes No NA

Safety Supplies

Safe Unsafe Not Applicable

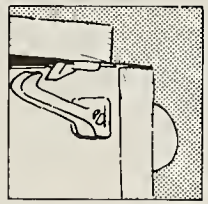
▽30. **Do you have a working smoke detector properly placed?** (SAFE = placed on or 6 to 12 inches below ceiling, in the hallway outside sleeping area(s); tested monthly, batteries replaced yearly or when low; one detector per floor at head of stairs to basement and foot of stairs to bedroom(s).) Yes No



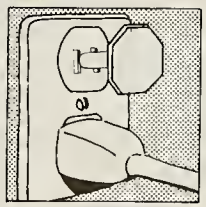
31. **Do you have a Massachusetts Poison Center phone number sticker on your telephone?** (Stickers may be obtained by calling Greater Boston: 232-2120, other Mass. areas: 1-800-682-9211.) Yes No NA

32. Do you have Syrup of Ipecac in your home in case of a poisoning? (Call the Massachusetts Poison Center or your doctor before giving child syrup.) Yes No

33. Do you have safety latches or locks on cabinets and drawers that are within your child's reach and contain any potentially dangerous items? (For example, cleaning supplies, medicine, alcohol, knives, matches, and tools.) Yes No



34. Do you have shock stops (plastic outlet plugs) in all unused electrical outlets? (These can keep your child from sticking an object into an exposed outlet or sucking on an exposed extension cord outlet.) Yes No



35. Do you have a working fire extinguisher (to put out a small fire or to clear an escape path)? Yes No

Safety Practices

	Safe	Unsafe	Not Applicable
36. Have you developed and practiced a fire escape plan in your home? (SAFE = making a plan, practicing it at night, and choosing an outside meeting place.)	Yes	No	

37. Are matches and lighters kept out of your child's reach?	Yes	No	
38. If you smoke, do you safely dispose of cigarette butts and matches? (Careless smoking is the leading cause of fire deaths in Massachusetts. SAFE = putting out cigarettes in a large, deep ashtray, then dumping everything into the toilet; not smoking in bed or when under the influence of alcohol or medication; checking stuffed furniture for cigarette butts before going to bed.)	Yes	No	NA
39. Has your child been tested for lead poisoning within the last six months?	Yes	No	
40. Does your child ride buckled up during all auto travel?	Yes	No	
41. Does your child know how to "drop, roll, and cool" to put out flames if his or her clothes catch on fire?	Yes	No	
42. Do you always watch your infant while she or he is on a high surface (for example, a changing table)?	Yes	No	
43. Do you keep small items and foods that can choke your child out of his or her reach?	Yes	No	
44. Are pocketbooks with vitamins, birth control pills, cigarettes, matches, jewelry, and calculators (with batteries) kept out of your child's reach?	Yes	No	

By completing this SAFEHOME check, you've taken a BIG STEP toward reducing your family's risk of falls, poisonings, burns, and other injuries.

List below any changes you need to make — like replacing the batteries in your smoke detector, arranging a lead test, etc.

Do you need to buy any safety supplies? Try your local hardware store, department store, or chain toy store. Do you need information on how to get a Sanitary Code Inspection or to have your child tested for lead? Call your local board of health.

This SAFEHOME Checklist is part of the SAFEHOME program for preventing injuries to children in Massachusetts. For more information on SAFEHOME and other childhood injury-prevention programs, contact:

SCIPP
Statewide Comprehensive Injury Prevention Program
Division of Family Health Services
Mass. Department of Public Health
150 Tremont Street, 3rd Floor
Boston, MA 02111
(617) 727-1246

Michael S. Dukakis, Governor
Philip W. Johnston, Secretary of Human Services
Bailus Walker, Jr., Commissioner of Public Health

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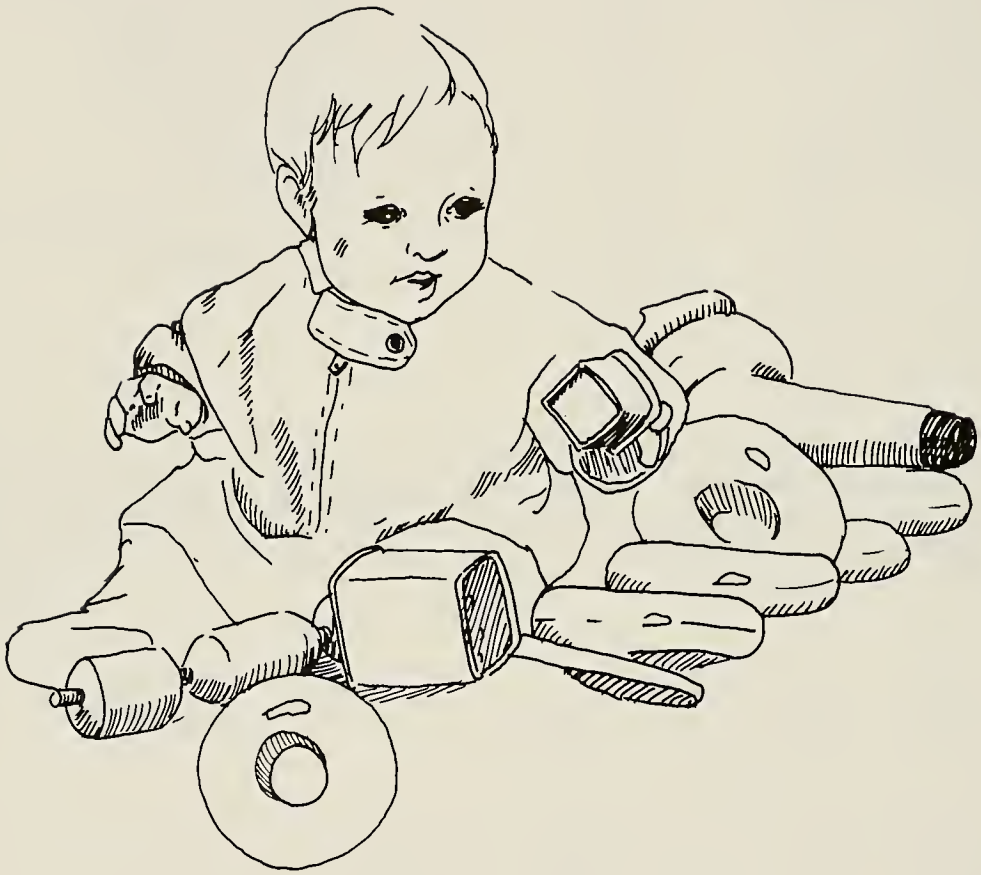

APPENDICES

APPENDIX A
Incidence Probabilities For Children
Ages 0-5 Years

Injury	Probabilities
Fall	1:15
Struck by object	1:35
Cut by object	1:65
Poisoning	1:120
Burn	1:140
Foreign body	1:140
Overexertion/strenuous movement	1:190
Motor vehicle -- occupant	1:300
Pedal cyclist	1:320
Motor vehicle -- other	1:460
Sports	1:670
Suffocation	1:770
Motor vehicle -- pedestrian	1:1000
Drowning	1:7700
Motor vehicle -- pedal cyclist	1:7700

SOURCE: Debra Listernick, "Statewide Childhood Injury Prevention Program Surveillance System," SCIPP Reports, Vol. 4, No. 1, Spring 1983, p. 6.

APPENDIX B
Site Safety Checklist

ITEM	YES	NO	CORRECTIONS/COMMENTS	DATE CORRECTION MADE
GENERAL ENVIRONMENT Floors are smooth and have a non-skid surface.				
Pipes and radiators are inaccessible to children or are covered to prevent contact.				
Hot tap-water temperature for washing the hands is 110 - 115 F or less.				
Electrical cords are out of children's reach and are kept out of doorways and traffic paths.				
Unused electrical outlets are covered by furniture or shock stops.				
Medicines, cleansers, and aerosols are kept in a locked place where children are unable to see and reach them.				
All windows have screens that stay in place when pushed; expandable screens are not used.				
Windows can be opened 6 inches or less from the bottom.				
Drawers are kept closed to prevent tripping or bumps.				
Trash is covered at all times.				

Statewide Comprehensive Injury Prevention Program (SCIPP), Department of Public Health, 150 Tremont Street, Boston, MA 02111, (617) 727-1246

Site Safety Checklist

(Cont.)

ITEM	YES	NO	CORRECTIONS/COMMENTS	DATE CORRECTION MADE
Walls and ceilings are free of peeling paint and cracked or falling plaster; the center has been inspected for lead paint.				
There are no disease-bearing animals such as turtles, parrots, or cats.				
Children are supervised at all times.				
There is no friable (crumbly) asbestos being released in the air.				
EQUIPMENT AND TOYS Toys and play equipment are checked often for sharp edges, small parts, and sharp points.				
All toys are painted with lead-free paint.				
Hinges and joints are covered to prevent small fingers from being pinched or caught.				
Balloons are not allowed in the center.				
Riding toys are stable and well balanced.				
Toys are put away when not in use.				
Toy chests have lighweight lids or no lids.				

(Cont.)

ITEM	YES	NO	CORRECTIONS/COMMENTS	DATE CORRECTION MADE
Art materials are nontoxic, and have either the AP or the CP label.				
Art materials are stored in their original containers in a locked place.				
Teaching aids (e.g., projectors) are put away when not in use.				
Curtains, pillows, blankets, and cloth toys are made of flame-resistant material.				
Toys are not of the projectile type (pop guns, darts).				
HALLWAYS AND STAIRS Stairs and stairways are free of boxes, toys, and other clutter.				
Stairways are well lit.				
The right-hand railing on the stairs is at child height and does not wobble when held; there is a railing or wall on both sides of stairways.				
Stairway gates are in place when appropriate.				

Site Safety Checklist

(Cont.)

ITEM	YES	NO	CORRECTIONS/COMMENTS	DATE CORRECTION MADE
Closed doorways to unsupervised or unsafe areas are always locked unless this prevents emergency evacuation.				
Staff are able to watch for strangers entering the building.				
KITCHEN Trash is kept away from areas where food is prepared or stored.				
Trash is stored away from the furnace and hot-water heater.				
Pest strips are not used; pesticides for crawling insects are applied by a certified pest-control operator.				
Kitchen is not accessible to children, unless there is constant supervision by an adult.				
Other cooking facilities or equipment are out of children's reach.				
Cleaners and other poisonous products are stored in their original containers away from food and out of children's reach.				

Site Safety Checklist

(Cont.)

ITEM	YES	NO	CORRECTIONS/COMMENTS	DATE CORRECTION MADE
Nonperishable food is stored in labeled, insect-resistant containers such as metal or plastic. Perishable food is stored in covered containers in the refrigerator.				
Food-preparation surfaces are clean and free of cracks and chips.				
Eating utensils are free of cracks and chips.				
Electrical cords are placed where people will not trip over them or pull them.				
There are no sharp or hazardous cooking utensils within children's reach (e.g., knives, glass).				
Pot handles are always turned in toward the back of the stove during cooking.				
The fire extinguisher can be reached easily in an emergency.				
All staff know how to use the fire extinguisher correctly.				
BATHROOMS Stable step stools are available when needed.				

Site Safety Checklist

(Cont.)

ITEM	YES	NO	CORRECTIONS/COMMENTS	DATE CORRECTION MADE
Electrical outlets are covered with shock stops or outlet covers.				
Cleaning products, soaps, and disinfectants are stored in a locked place, out of children's reach.				
Floors are smooth and have a nonskid surface.				
The trash container is emptied daily and is kept clean.				
Hot-water temperature for washing the hands is 110° - 115° F.				
EMERGENCY PREPARATION All staff understand their roles and responsibilities in case of emergency.				
There is always at least one staffperson present who is certified in first aid and CPR for infants and children.				
The first aid kit is checked regularly for supplies and is kept where it can be reached easily by staff in an emergency.				
Smoke detectors and other alarms are checked regularly to make sure they are working.				

(Cont.)

ITEM	YES	NO	CORRECTIONS/COMMENTS	DATE CORRECTION MADE
Each room and hallway has a fire escape route posted in clear view.				
Emergency procedures and telephone numbers are posted near each phone in clear view.				
Contact information (parents, guardians, etc.) is near the phone, where it can be reached quickly.				
A bottle of Syrup of Ipecac is always kept at the center.				
The Massachusetts Poison Center sticker is on every telephone in the center.				
All exits are clearly marked and free of clutter.				
Doors open in the direction of exit travel.				
Cots are placed so that walkways are clear for evacuation in an emergency.				

APPENDIX C
How To Select Safe Nursery Furniture and Equipment*

High Chairs

HAZARDS

1. Unstable chairs which baby can tip over.
2. Trays which baby can unlatch by pushing against.
3. Seat belts attached to tray instead of chair.
4. Chairs left in path of opening doors, refrigerator doors, range, or other kitchen equipment.
5. Rough or sharp edges on points.
6. Part of a child's body -- usually a finger -- becomes caught or is pinched by high chair part.

SAFETY FEATURES

1. Wide, stable base.
2. No sharp or rough edges or sharp points.
3. Restraining straps sturdy and attached securely to chair itself.
4. Tray which locks securely.
5. If high chair lacks adequate safety straps, purchase a safety harness.

SUPERVISION AND USE

1. Be sure child is strapped in securely whenever in chair; never use tray by itself as restrainer without straps. Even if baby is sitting at the table, the straps should be used.
2. Never allow child to stand up in a high chair.
3. When high chair is not in use, put it in a corner out of the way. If folded up, put it where it can't be knocked over easily.
4. Don't let older children hang onto high chair while a baby is in it.
5. Make sure child's hands are up and out of the way when attaching or detaching the tray.

Baby Walkers

HAZARDS

1. Tipping over when the baby is maneuvering over thresholds or throw rugs or when leaning, running, or reaching in the walker.
2. Finger entrapment in the older x-frame walkers when the walker partially collapses.
3. Falling down stairs when baby is unsupervised and stairs are unguarded.

SAFETY FEATURES

1. Stability -- wheel base should be wider and longer than frame of walker.
2. Sturdy materials; unbreakable plastic or tough fabric seats with heavy-duty stitching or large rugged snaps.
3. Protective covers over coil springs and hinges, no sharp points, exposed screws.

SUPERVISION AND USE

1. Remain with baby while he/she is using the walker.
2. Prevent the child from running or leaning too far.
3. Make sure throw rugs are removed and stairs blocked. Help the baby maneuver over thresholds.
4. Place guards at top of all stairways or keep stairway doors closed to prevent falls.

*Adapted from U.S. Consumer Product Safety Commission, "Nursery Furniture and Equipment Can Be Dangerous," 1977.

Baby Carriers

HAZARDS

1. Narrow base, slippery bottom surface.
2. Placing carrier on slippery or high surface.
3. Supporting devices on back which may collapse.
4. No safety straps.

SAFETY FEATURES

1. Sturdy materials and wide, stable base.
2. Safety strap.
3. Nonskid bottom surface.
4. Supporting device which locks firmly in place.

SUPERVISION AND USE

1. Always stay with baby.
2. Always use safety straps.
3. If bottom is slippery, attach rough surfaced adhesive strips.
4. When using carrier on high surfaces, make sure the child is within arm's reach and out of reach of dangerous objects.
5. Use the carrier only as intended -- it is not a car seat.
6. Check supporting device to make sure it is firmly in place.

Back Carriers

HAZARDS

1. Using frame back carriers too soon -- baby should be 4-5 months old and able to hold head up.
2. Unpadded frames near baby's face and head.
3. Jolts to baby's neck.
4. Baby slipping out of carrier.
5. Joints that accidentally close and pinch.

SAFETY FEATURES

1. Padded covering over frame near baby's face.
2. Leg openings small enough to prevent baby from slipping out.
3. Leg openings big enough to avoid chafing baby's legs.
4. Strong stitching or large, heavy-duty snaps to prevent accidental release.
5. Seat belts.

SUPERVISION AND USE

1. Buy carrier to match baby's size and weight.
2. Always use restraining straps.
3. Be sure leg openings do not chafe baby's legs.
4. When leaning or stooping, bend from knees to minimize chance of baby falling out.
5. Avoid sharp points, edges, and rough surfaces.
6. Avoid joints that can accidentally close and pinch or cut the baby.

Cribs

HAZARDS

1. Plastic wrapping on mattresses.
2. Mattresses too small for crib; baby can get stuck between mattress and sides and suffocate.
3. Crib slats too far apart; baby could wriggle through, get head stuck, and strangle.
4. Crib so small baby can climb out.
5. Large toys, objects or bumper pads baby can climb on and fall out.
6. Dangling strings in which child may get caught and strangle.
7. Finials (decorative devices on cornerposts) and cutouts where child's head may become caught.

SAFETY FEATURES

1. No more than 2-3/8 inches between slats (about 3 adult fingers width).
2. Snug-fitting mattress. If you can fit 2 adult fingers between mattress and sides, then mattress is too small.
3. Crib sides which lock at maximum height.
4. No rough edges or exposed bolts.
5. Safe materials, e.g., nonlead paint (particularly important with older or used equipment).
6. Latching device which cannot be released easily.
7. No filials, cutouts, or decorative knobs.

SUPERVISION AND USE

1. Check latches to make sure they are secure.
2. Check slats on side rail for closeness and install bumper pads if too far apart.
3. Until you can replace a mattress that does not fit snugly, roll large towels and place them between mattress and crib sides.
4. Check baby's standing height on mattress against side rail; if height of rail is less than 3/4 child's height when the mattress is in the lowest position, obtain a larger crib, or graduate the baby to a regular bed.
5. Remove large toys or any objects the baby may stack or use for climbing.
6. Never hang any stringed object (including toys) on bedpost -- a child could become caught in it. Never put a loop of ribbon or cord around child's neck.
7. Remove and destroy all plastic wrapping materials on crib mattress. Never use plastic cleaning or trash bags as mattress covers.

Strollers & Carriages

HAZARDS

1. Inadequate or faulty brakes.
2. Latches which don't hold securely.
3. Sharp edges or exposed hardware; dangerous scissor-like mechanism. Especially, exposed hinges where children's fingers may be pinched or severed.
4. Canopy which doesn't lock firmly in place.

SAFETY FEATURES

1. Stroller should not tip over with child as far back as possible in it; test reclining back.
2. Firm, vertical, or nearly vertical back rest; child's head should be supported.
3. Firmly attached safety belt, waist strap or harness.
4. Tightly locking brakes; a two-wheel brake provides extra security.
5. Wide base and wheels with large diameters.
6. Canopy which locks in forward horizontal position and rotates to downward position in rear.
7. Shopping basket should be mounted in front of -- or centered over -- rear axle for stability.
8. Plastic coverings over exposed hinges.

SUPERVISION AND USE

1. Check brakes before taking baby for a ride; *use* them when stroller is not in motion.
2. Make sure baby is safely strapped in.
3. Watch baby at all times; don't leave infant unattended.
4. If stroller or carriage is collapsible, check latch devices for security.
5. Don't allow other children to pull or stand in (or on) the shopping basket.

Playpens

HAZARDS

1. Too small a playpen for a growing child; baby shouldn't be able to crawl over the side or cause pen to tip over by leaning his or her weight against it.

2. Mesh playpens with large open weave which child can use as toehold for climbing.

3. Netting with weave large enough for buttons on baby's clothing to get caught.

4. Protruding bolts, rough edges.

5. Hinges which don't lock tightly.

6. Large toys which can be used for climbing left in playpen.

7. Slats which are loose or more than 2-3/8" apart.

8. Weak floors; no padding on floor.

9. When one side of playpen is left down, child may roll into space between mattress and loose mesh side and suffocate.

SAFETY FEATURES

1. Mesh netting with a very small weave, smaller than tiny baby buttons.

2. Slats no more than 2-3/8" apart.

3. Firm floors with a foam pad.

4. Hinges that lock tightly; no sharp edges.

5. Vinyl covering of railings and padding thick enough to resist being chewed and bitten off by teething children.

SUPERVISION AND USE

1. Bring playpen indoors after use outdoors. Rain water and sun can damage it.

2. If slats are placed too far apart, interweave sheeting among them and fasten securely.

3. Remove large toys, bumper pads, boxes, or any objects which could be stacked and used for climbing.

4. Never hang any stringed object (including toys) on cornerpost; a child could become caught in it. Never put a loop of ribbon or cord around child's neck.

5. Keep an eye on baby; be aware of what baby is doing.

6. Never leave infant in playpen with one side of playpen down.

APPENDIX D
Safe Fine-Motor Toys For Children Under Three

Under One Year Old

Sturdy rattles
Shatterproof mirror
Brightly colored objects hanging in view (mobiles, etc.)
Washable dolls and stuffed animals
Brightly colored cloth or rubber balls
Soft stacking blocks
Squeaky toys (with unremovable squeakers)
Pull toys (with strings no longer than 12 inches)

One to Two Years Old (In addition to above)

Nesting toys
Ring-stack sets
Large, lightweight spinning top
Books with cloth pages
Plastic blocks
Wooden threading beads (large size)
Pop-it beads (large size)
Banging musical instruments (e.g., xylophone)
Toy telephones
Large-sized crayons
Plastic kitchenware (lightweight, without sharp edges)

Two to Three Years Old (In addition to above)

Simple jigsaw puzzles with large pieces
Wooden blocks (lightweight)
Size-shape matching toys (for example, hollow plastic sphere with holes of varying shapes for shaped blocks to be pushed through)
Color, content matching games (for example, Lotto, crayons, and magic markers)
Large-size magnets

APPENDIX E
Playground Safety Checklist

ITEM	YES	NO	CORRECTIONS/COMMENTS	DATE CORRECTION MADE
ALL EQUIPMENT Are nuts, bolts, or screws that stick out covered with masking tape or sanded down?				
Is metal equipment free from rust or chipping paint?				
Is wooden equipment free from splinters or rough surfaces? Sharp edges? Pinch/crush parts?				
Are nuts and bolts tight?				
Are anchors for equipment stable and buried below ground level?				
Has equipment shifted or become bent with use?				
Are the children who use the equipment of the age/developmental level for which the equipment was designed?				
GROUND SURFACE Does all play equipment have 8 to 12 inches of shock-absorbing material underneath, such as pea gravel or wood chips?				

Statewide Comprehensive Injury Prevention Program (SCIPP), Department of Public Health, 150 Tremont Street, Boston, Massachusetts 02111, (617)-727-1246

Playground Safety Checklist

(Cont.)

ITEM	YES	NO	CORRECTIONS/COMMENTS	DATE CORRECTION MADE
Are surfaces raked weekly to prevent them from becoming packed down and to find hidden hazards (e.g., litter, sharp objects, animal feces)?				
Are there stagnant pools of water on the surface?				
Is there exposed concrete where equipment is anchored?				
SWINGS Are chair swings available for children under 5 years?				
Are canvas sling and saddle seats available for older children?				
Have "S" or open-ended hooks been removed?				
Are hanging rings less than 5 inches or more than 10 inches in diameter (smaller or larger than a child's head)?				
Is the point at which the seat and chain meet enclosed?				
CLIMBING EQUIPMENT Are ladders of different heights available for children of different ages and sizes?				

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Are nuts and bolts tight?				
Are anchors for equipment stable and buried below ground level?				
Has equipment shifted or become bent with use?				
Are the children who use the equipment of the age/developmental level for which the equipment was designed?				
GROUND SURFACE Does all play equipment have 8 to 12 inches of shock-absorbing material underneath, such as pea gravel or wood chips?				

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Is the point at which the seat and chain meet enclosed?				
CLIMBING EQUIPMENT Are ladders of different heights available for children of different ages and sizes?				

Playground Safety Checklist

(Cont.)

ITEM	YES	NO	CORRECTIONS/COMMENTS	DATE CORRECTION MADE
Do bars stay in place when grasped?				
Is the maximum height from which a child can fall 7 1/2 feet?				
Do climbers have regularly spaced footholds from top to bottom?				
Is there an easy, safe "way out" for children when they reach the top?				
Is equipment dry before children are allowed to play on it?				
Are rungs painted in bright or contrasting colors so that children will see them?				
SEESAWS Is the fulcrum enclosed or designed to prevent pinching?				
Do handholds stay in place when grasped, without turning or wobbling?				
Are wooden blocks or part of a rubber tire placed below the seat to prevent children's feet from getting caught?				
SPACING Are swing sets at least 9 feet from other equipment?				

Playground Safety Checklist

(Cont.)

ITEM	YES	NO	CORRECTIONS/COMMENTS	DATE CORRECTION MADE
Are swings at least 1 1/2 feet from each other?				
Do slides have run-off space of 2 1/2 to 3 yards?				
Is there a distance of at least 8 feet between all equipment?				
Are boundaries between equipment (for instance landscape timbers or low bushes) visible to children?				
Are play areas for bike-riding, games, and boxes separate from areas for other types of equipment?				
Are swing sets at least 6 feet from walls, fences, walkways, and other play areas? Is there a barrier to prevent children from getting into traffic (e.g., when chasing a ball)?				
SLIDES Are slides no more than 6 feet high?				
Are side rims at least 2 1/2 inches high?				
Do slides have an enclosed platform at the top for children to rest and get into position for sliding?				

Playground Safety Checklist

(Cont.)

ITEM	YES	NO	CORRECTIONS/COMMENTS	DATE CORRECTION MADE
Do slide ladders have handrails on both sides and flat steps?				
Is there a flat surface at the bottom of the slide for slowing down?				
Are metal slides shaded from the sun to prevent burns?				
Are wooden slides waxed, or oiled with linseed oil?				
Is the slide incline equal or less than a 30 degree angle?				
Are steps and rungs 7 to 11 inches apart to accommodate children's leg and arm reach?				
SANDBOXES Are sandboxes located in a shaded spot?				
Are the frames sanded and smooth, without splinters or rough surfaces?				
Is the sand raked at least every two weeks to check for debris and to expose it to sun and air?				
Is the box covered at night to protect the sand from moisture and animal excrement?				
Do all sandboxes have proper drainage?				

Playground Safety Checklist

(Cont.)

ITEM	YES	NO	CORRECTIONS/COMMENTS	DATE CORRECTION MADE
GENERAL ENVIRONMENT Is trash kept away from the play area?				
Are poisonous plants and berries removed from the play area?				
Is there an available source of clean drinking water in the play area?				
Is there shade?				
Can the entire play area be seen easily for good supervision?				

APPENDIX F
Playground, Playsafe Curriculum

Introduction

PLAYGROUND, PLAYSAFE is a mini-curriculum for reducing the incidence of fall injuries on playgrounds. It provides specific suggestions for helping children learn how to use playground equipment safely.

> Three-year-old Bobby was new at preschool. His teachers were aware of his anxiety and were giving him extra time and support. During playground time, Bobby was going up and down on a slide with six other children. His lead teacher saw what happened next, but was too far away to avert it: The boy behind Bobby--an older, bigger boy--crowded Bobby as he was climbing up the slide ladder. Bobby turned around to look at the boy, let go of one hand-rail, lost his balance, and fell to the ground. Bobby fractured his arm.
>
> When an injury happens at our center, we always think of the "What if's." What if we'd put the bark mulch down as we'd planned; the fall probably wouldn't have been so serious. What if we'd reviewed our rules for the slide, as we've been planning to do, and decided that no more than three children could use the slide at one time. What if we'd taught the children how to use the playground equipment properly. What if . . .

Falls are the most common injury to children. Some falls leave a child with a little scratch and a lot of tears. Others break bones, tear ligaments, cause concussions or even death. Most falls that cause injury at preschools happen on the playground.

At the core of this mini-curriculum are lists of safe habits your children need to learn for using swings, slides, climbers, and seesaws. Following the lists of safe habits are suggestions for helping children learn these habits. You may wish to add items or change the wording to better suit your children and playground.

Adapted from Play Happy, Play Safe, published by the U.S. Consumer Product Safety Commission.

Playsafe Habits for Children to Learn

Swings

1. Sit in the center of the swing. Never stand or kneel.
2. Hold on with both hands.
3. Stop the swing before getting off.
4. Stay far away from moving swings.
5. Let an adult only, not another child, push you on a swing.
6. Only one person on a swing at a time.
7 Don't swing empty swings or twist swing chains.
8. Keep head and feet out of the exercise rings on swing sets.

NOTE: Teachers need to help children learn to pump swings. Children who can't pump will want to be pushed, which can be dangerous. One way to teach children to pump is to stand in front of the child on the swing and push the child's knees downward. This is the natural position for the child's knees on the back stroke, and so reinforces the child's natural reflex to pump.

Slides

1. Be patient: wait your turn. Give the person ahead lots of room.
2. Hold on with both hands when climbing up.
3. Before sliding down, make sure no one is in front of the slide.
4. Slide down feet first, sitting up, one at a time.
5. After sliding down, get away from the front of the slide.

Climbing Apparatus

Geodesic Domes or Arches and Jungle Gyms

1. Only ____ people at a time. (You decide what's safe for your children and your apparatus.)
2. Use both hands, and use the "lock grip" (fingers and thumbs).
3. Watch carefully for other climbers, and stay away from them.

Horizontal Ladders and Bars

1. Only ____ people at a time. (You decide what's safe for your children.)
2. Everybody starts at the same end and goes in the same direction.
3. Use the "lock grip" (fingers and thumbs).
4. Keep a big space between you and the person in front.
5. Don't use when wet.
6. Drop from bars with knees bent and land on both feet.

Seesaws

1. Sit up straight; face each other.
2. Hold on tight with both hands.
3. Keep feet out from underneath the board as it goes down.
4. Tell your partner when you want to get off. Get off carefully, and hold your end so it rises slowly until your partner's feet touch the ground.

NOTE: Dismounting seesaws is difficult, especially for the youngest children. Always have staff present to help.

Suggestions for Helping Children Learn the Playsafe Habits

It's always a good idea to first ask the children what they know about how to use a piece of playground equipment safely. Let's start with swings. Take a small group outside to the swings and ask them to tell you how to swing safely. Have each child who volunteers some information explain the safe habits and show the others what he or she means. For instance, if a child says, "You have to walk far away from the swings," have the child demonstrate how far away from the swings they need to walk; then mark their guesses with a piece of rope and have a child swing and see if the rope is far enough away. NOTE: The area around swings and other equipment needs to be permanently marked off, so that children will not be apt to wander into it.

Continue asking the children to talk about other safe habits for swings, and continue demonstrating safe habits. Be sure children understand the why's for each safe habit: "If you sit in the corner of the seat, your swing will go crooked; it isn't as much fun, and you could bump into another swinger."

Whatever safety tips the children don't bring up, you will need to bring up: "How do we get off swings safely?" "Do we allow pushing people on the swings?" "Why not?"

Since children's attention span is short, cover only a few points a day. Try to find pictures of children using the equipment safely. Perhaps a staff member could draw simple posters showing the most important points. Or you could take photos of your children using the equipment safely and display them.

Keep a watchful eye on the children during their free time on the playground, and gently help them remember the safe habits they are learning.

Children need to know that safe use leads to fun, and that unsafe use can lead to injuries. They need to take some responsibility for behaving in safe ways--not just for themselves and their playmates, but for younger children, who will be learning how to use playground equipment by watching the older children.

An effective reinforcing activity is to ask the older children to draw themselves practicing one of the safe ways to swing, slide, seesaw, or climb. During circle time, have each child show his or her drawing and explain it. If the children have left out important rules, you could quickly sketch them in yourself. Post the drawings as a reminder of safe playground habits.

APPENDIX G
Safewalks Curriculum

Introduction

SAFEWALKS is a model curriculum presenting five walks to take with children to teach them the basics of being safe around streets and cars.

The typical injury involving the preschooler as a pedestrian happens close to home. Usually the child is alone, looking for playmates or for something to do. Most often the child darts out into the street without looking, often from between parked cars. The driver does not see the child until it is too late.

Children hit by cars usually suffer very severe injuries:

- About 570 preschoolers are killed in traffic every year in the United States. Each year about 370 Massachusetts preschoolers who are hit by cars suffer injuries which require hospital treatment.

- Most (83 percent) accidents involving preschooler pedestrians fall into five major categories: dart-outs (54 percent); mid-block dashes (13 percent); intersection dashes (6 percent); non-roadway-related accidents, including those occurring in driveways, alleys, and parking lots (5 percent); backing accidents (5 percent).

Curriculum Overview

Each SAFEWALK in this curriculum focuses on one concept but all five are designed to help children learn the following:

1. Sidewalks are for people; streets are for cars, trucks, and buses.

2. Cars and trucks can hurt me.

3. Stop at curbs.

4. Cross the street with someone older than I.

5. Keep away from cars in driveways.

The basic method involves learning by doing. The children go to a street to see what is there, to practice stopping at curbs, to listen for noises trucks make, and to walk with you across the street. Back in the classroom, they participate in activities that reinforce the experiences of the SAFEWALKS and that help you evaluate whether learning has occurred. The curriculum uses murals to remind the children of the lessons, and it enlists the aid of

parents in helping the children learn safe habits. (See Sample Letter to Parents about SAFEWALKS.) You might want to invite parents to join you for the SAFEWALKS.

The activities for each SAFEWALK are meant to be started on one day and continue on successive days to reinforce the concept. The SAFEWALKS were designed for three- to five-year-olds. Inasmuch as the SAFEWALKS get progressively more difficult, you may find that SAFEWALKS 4, 5, and 6 are appropriate only for your older children, who can move through them rather quickly; younger children tend to need much more time and repetition before they can consistently demonstrate safe behaviors. You are the best judge of your children's readiness for the concepts and activities of each SAFEWALK.

Numerous day care providers have successfully adapted the SAFEWALKS for their children. As one teacher wrote, "Approaching the safety curriculum on a one-to-one basis (a provider and one child) was extremely effective." We encourage you to use this curriculum in whatever way suits your children and your style of teaching. We hope you will adapt it, add your ideas to it, and most of all, incorporate the SAFEWALKS into your yearly schedule. Children deserve to be taught the concepts of the SAFEWALKS.

Child Readiness to Learn

Learning to cross streets is complicated, and most three- to five-year-olds are not developmentally ready for it. Yet we need to teach preschoolers as much as they are able to learn, given their still-developing physical, mental, and emotional abilities.

In this curriculum, our basic message for crossing streets is to always cross with someone older. Yet because children at this age do begin venturing across streets alone--in search of playmates or something to do, and perhaps despite warning from parents--we have also included ways for children to practice looking and listening under the teacher's guidance.

Throughout the SAFEWALKS, be sensitive to children's feelings as they learn to cope with traffic. Talk about the feelings the children may be experiencing, and encourage youngsters to express those feelings verbally or in art activity. Specific suggestions are included in the pages that follow, especially for those SAFEWALKS that are most likely to bring up feelings of fear or excitement.

When you have completed SAFEWALKS, do another check of the children's feelings. Ask again how they feel about streets and cars. If any children appear to be afraid of being hit by a car, help them deal with their fears. Reassure them that practicing the rules they are learning will help them be safe. Remind them to cross streets with someone older.

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Sample Letter To Parents About Safewalks

Dear Parent,

Your child will soon be learning some simple rules and concepts to help him or her be safe around traffic:

1. Sidewalks are for people; streets are for cars, trucks, and buses.
2. Cars and trucks can hurt me.
3. Stop at curbs.
4. Cross the street with someone older than I.
5. Keep away from cars in driveways.

You can help us to help your child by reinforcing these ideas at home. The basic idea is for the children to begin practicing safe pedestrian habits, guided by parents and teachers. Since children learn by watching us, we need to be careful to give them model behavior.

Even though preschoolers cannot master crossing streets, we need to teach them as much as they are capable of learning, because children do begin wandering across streets, looking for playmates and for something to do, even if we have told them not to.

- If your child is three years old, you should try to keep the child away from the streets. Make rules about this. Always stress crossing with someone older.

- If your child is four to five years old, don't allow the child to play in streets or driveways. Begin to practice the principles of "stop, look, and listen" whenever you cross the street with your child. (You know your child is going to be crossing streets alone, but at least she or he will have practiced.) Stress crossing with someone older, and always stopping at curbs.

In the coming weeks your child may be bringing home papers or art from this safety program. Please talk to your child about this new learning. And remember that some children get scared learning to cross streets or thinking about a pet that was hit by a car. If your child seems worried, let him or her know you understand, and explain that practicing safety habits is what helps children be safe.

Thank you for your help. Please feel free to call if you would like to take part in our lessons on pedestrian safety.

Sincerely yours,

Day Care Provider

SAFEWALK 1

Sidewalks Are For People; Streets Are For Cars, Trucks, and Buses

Rationale and Overview

Since the best way to keep motor vehicles from striking children is to keep the two apart, this SAFEWALK focuses on the idea that children need to walk and play away from streets. During their walk, children observe what is on sidewalks and what is on streets. Then back in the classroom, they use a mural to position people and motor vehicles in safe places.

Objectives

Using a mural depicting sidewalks and streets, children will be able to position the following in safe places:

- People
- Children riding toy vehicles
- Trucks, cars, and buses

Teacher Preparation

Materials Needed

- Large piece of butcher (or other) paper, approximately 4' x 6'
- Black and green non-toxic markers
- Cut-outs from magazines of people and motor vehicles (at least one cut-out per child), including pictures of children riding toy vehicles
- Masking tape to attach cut-outs to mural

Materials Preparation

Have the cut-outs ready for the post-walk activity. Include a variety of people, e.g., babies in carriers, roller skaters, dogs on leashes, and most important, children riding toy vehicles. Include all sorts of street traffic: cars, buses, trucks, and motorcycles. (You might want to ask the children to bring in some cut-outs.)

Preparing the Mural

Note that the butcher paper provides the background for a mural that will be added to after each SAFEWALK. The mural should be placed on the floor during use, and hung on a wall afterward, as a reminder.

Divide the mural into street and sidewalk areas; or even better, make it correspond to the streets near your school. (One teacher told us that it was easier for the children to identify with familiar streets.) If there are no sidewalks in your area, draw the mural accordingly.

Color the street black (or gray, or whatever color nearby streets are), and make the sidewalk as similar as possible to the one outside your door. For example, if you have grass between the sidewalk and the street, draw in the grass. (You might want to have the children do the coloring-in of streets and sidewalks.)

Safewalk 1 Procedure

1. Before the walk, gather the children and tell them that on this walk they will be looking to see what's on sidewalks and what's on streets. Ask them what they think they'll see, and ask them to tell you afterward if they did see what they expected.

2. For best results, walk to a place where there is plenty of action--lots of cars, trucks, and buses on the street, and a variety of people on the sidewalks. Remind the children to look to see who walks on sidewalks and what is on the streets.

3. After the walk, have each child choose a cut-out and place it where it belongs on the mural. Have the children tell whether the cut-outs are in safe places, and ask them to move any dangerously placed ones to a position of safety.

   NOTE: During field-testing, some children chose the street for placing cut-outs of children driving toy vehicles. Help the children distinguish between the toy and the real truck or fire engine. Make sure they understand that all toy vehicles belong on the sidewalk, never in the street. If children are confused about this point, let them play with the cut-outs on the mural again, and guide them, if necessary.

4. Ask the children to close their eyes while you move some cut-outs into unsafe places. Then ask the children to correct what you have moved. Reinforce the concept that "sidewalks are for people; streets are for cars, trucks, and buses." Conclude this work with the mural by having children verbally list what's on streets and what's on sidewalks.

Ideas and Suggestions

1. Have each child make a representation of himself or herself. (You might want to make the outlines yourself and have the children color them in. Since these are going to be put on the mural and the mural isn't infinitely large, you'll need to make them about four inches high, and perhaps larger for your younger or less skilled children.)

Next, gather the children around the SAFEWALK mural, and ask each child to put his or her representation of himself or herself where that child belongs. If a child positions the representation in the street, you can ask, "What might happen if you're in the street?" (This question will provide a lead-in to SAFEWALK 2, in which children will get an idea of what might happen.) Now, have the children summarize what they learned in SAFEWALK 1: Sidewalks are for people (and dogs, cats, ants, toy cars and trucks, bicycles); streets are for cars, trucks, and buses, (as well as motorcycles).

2. Make individual murals, using oak tag about 12" x 16". The children can add to these individual murals during each SAFEWALK--adding cut-outs, or a self-representation--and take the mural home to show parents later. Suggest that children use the individual murals to show parents such things as where people walk, where trucks go, and where curbs are.

3. Make the mural with felt, so that it can be used every year, and items like cut-outs could be felt-backed to stick on. This is a suggestion offered by a teacher.

4. Leave the large mural and the cut-outs on the floor or on a table, for children to play with on an ongoing basis--if space permits. Add toy cars and trucks, if you wish.

SAFEWALK 2
Cars and Trucks Can Hurt Me

Rationale and Overview

Since preschoolers do not understand danger and may have misconceptions about cars (for example, that cars are fun and harmless), in this SAFEWALK children watch what happens when a car runs over an object. A discussion follows.

NOTE: Some children may be too young for this SAFEWALK. As the best judge of their abilities, you need to decide which children this activity is suitable for. You may also want to consult their parents before conducting this SAFEWALK.

Objectives

Children will:

- Observe that cars damage objects they run over.
- Learn why people walk on sidewalks, and that cars and trucks are on streets.

Teacher Preparation

Materials Needed

- Two or three objects to be run over by a car, e.g., a carboard box of any size; an old toy (one that won't hurt the car tire); an old plastic pail, egg cartons, or food like a squash or potato
- A car
- Your day care center's parking lot or a safe substitute

NOTE: For those centers with no adjacent parking lot or safe substitute, here is an alternative. Using the largest toy truck or car from your collection, run over small paper objects (paper cups, egg cartons) in the classroom. This method lacks the punch of the "real thing" but is better than no demonstration.

Safewalk 2 Procedure

1. Gather the children and show them the objects you have selected to be run over by the car. Pass around the objects so each child gets a good look. Tell the children that they're going to find out what happens when a car bumps into these objects and runs over them.

2. Walk to your center's parking lot (or a safe substitute). It is useful to have the children carry the objects, so they will be more invested in the results. NOTE: Have at least one other adult present to drive the car and otherwise assist with the demonstration.

3. Place one of the objects in the path of the car. Keep the children well away from the car, but somewhere they will have a good view. Make sure the driver buckles up, and that the children notice this. Then have the driver drive over the object as slowly as possible, so that the children can take in what's happening. Pick up the crushed object and take it to the children. Follow the same procedure for the remaining objects.

4. Have the children carry the crushed objects back to the classroom and gather around the mural on the floor. Place a crushed object on the street area of the mural, and ask the children why you put it in the street. (Answer: Because the object was where cars go and was hit by a car.) Explain that the driver ran over the objects so that the children could see how cars can hurt things.

5. Ask the children if any of their toys have ever been run over. If so, what happened? Where was the toy? Stress that toys need to be kept far away from cars. Then ask any child if he or she had a pet or knows of a pet that was run over by a car. What happened to the pet? Help the children express their feelings about these losses; ask them what they are feeling.

6. Now ask if they know of any child or adult who was hit by a car. What happened?

7. Talk about why streets are dangerous places for children and adults--because cars, trucks, and buses can hurt them.

8. Focusing attention back to the mural, ask the children why people are on sidewalks, and motor vehicles on streets. Emphasize that sidewalks are for children because cars don't drive on sidwalks (with one exception--driveways--which are addressed in SAFEWALK 5).

Follow-up Activity for Older Children: Expressing Feelings

Materials Needed

- Finger-paint materials or other art materials

Procedure

1. Ask the children to recall their feelings when the car ran over the objects--for the main activity, or when their bicycle was run over, and so forth.

2. Then ask them to paint those feelings on a piece of paper.

SAFEWALK 3
Stop at Curbs

Rationale and Overview

Since the most frequent preschooler pedestrian accident is the dart-out--the child runs into the street without looking--one entire SAFEWALK is devoted to learning to stop at curbs. The activities that follow need to be repeated over and over during the school year.

Objectives

Children will:

- Practice stopping at curbs.
- Observe that curbs help keep cars in the streets.

Teacher Preparation

Materials Needed

- Six or eight building blocks (to represent curbs), each about 1 1/2'
- Markers or crayons for drawing curbs on the mural

Safewalk 3 Procedure

1. Gather the children and tell them that on today's walk they are going to find curbs.

   NOTE: If you live in a rural area without curbs, you'll have to adapt this activity. See step 4 below.

2. Walk outside and find the closest curb--right in front of your school would be best. Tell the children that you see a curb and ask them if they do. (If no one identifies the curb, point it out. Explain that a curb is like a step.) Ask the children to tell you what's on each side of the curb (street and sidewalk, grass, and so on). Tell children that the curb marks the beginning of the street.

3. Ask the children to watch as you walk up to the curb (about two feet back) and make an exaggerated stop. Ask the children what you did. Let them practice walking up to the curb and stopping about two feet back. Then explain why they need to stop at a curb. Remind them of the previous SAFEWALK, when they saw what can happen to things that go out in the street and bump into cars. Emphasize that until they know how to cross safely, they need to stay off streets and to cross with someone older.

4. Point out that cars should also stop at curbs--not drive up on sidewalks. Demonstrate how a curb will remind the driver to stop.

   NOTE: If there are no curbs near your center, you can ask each child to stand at the edge of where people can safely stand. Make sure this is well back from the street. Always stress that it's important to be as far away from the street as possible. Walk or ride to an area of town where there are curbs.

   As you continue your walk, make a point of stopping at curbs before crossing the street. Remind children that they must cross curbs into the street only with someone older.

5. Back in the classroom, gather the children around the mural and have them draw curbing along the sides of the street. Ask them to show with cut-outs, self-representation, or both, how and why we need to stop at curbs.

Other Activities

Play "What Would You Do If. . ."

1. For those who like dramatic play, begin by selecting such "props" as blocks, a ball, a toy dog, or a toy cat.

2. As the children watch (or help), set the stage by creating a make-believe street, using the blocks as curbs or edges. To help the children get into the pretending, be very serious about insisting that they stay off the street, well back from the curbs of your make-believe street.

3. Act out several "What would you do if . . ." situations, using the props as appropriate. Here are some suggested situtations:

   - What would you do if you were playing ball (you hold the ball) and your ball rolled into the street (roll the ball into the street)?

     Possible answers: Ask an older child who knows how to cross streets to get it for you. Ask your mother or father.

   - What would you do if your puppy got out of its pen and ran into the street?

     Possible answers: Call the puppy from the curb, or ask someone older to help you get the puppy.

   - What would you do if you wanted to hold your cat and your cat was sitting on the porch of the house across the street?

     Possible answers: Ask someone older to help you cross the street.

- What would you do if someone you loved a lot and were very happy to see (like Grandma and Grandpa) were across the street and coming to visit you?

  Possible answers: Stay on your side of the street; let them cross the street to reach you.

- What would you do if some of your friends wanted to ride their tricycles in the street?

  Possible answers: Suggest riding only on safe sidewalks, in the park, if parents or older siblings took them there.

  (Answering this can be difficult for the children. Help them realize that riding in the street is dangerous and that they can suggest another place for their friends to ride.)

You might want to do most of these "What would you do if . . ." activities on later days, to reinforce the idea of stopping at curbs, and staying off streets.

Teach Children a Finger Activity

	Words	Action
1.	See the curb.	With the left hand, make a curb, forefinger extended.
2.	Meet the curb.	With right hand, forefinger, and middle finger, walk toward the curb.
3.	Stop right there.	Walking right hand stops.
4.	Wait until an adult says, "No cars! All's clear!"	

Play the Game "Red Light," Using the Word "Curb" to Halt Children

1. The children stand in a row 10 feet from the leader.
2. The leader turns his or her back to the children.
3. The children walk toward the leader, trying to be the first to tag the leader.

4. The leader silently counts to three, then turns, facing the children, and shouts "curb."

5. The children stop immediately.

6. Any child who is still moving must return to the beginning line.

7. The leader turns his or her back to the children again, and the game continues until one child has tagged the leader; that child then becomes the leader.

SAFEWALK 4
Cross the Street With Someone Older

Rationale and Overview

Because preschoolers do venture across streets, this SAFEWALK not only emphasizes crossing with someone older, but also gives children the opportunity to practice looking and listening, under the guidance of the teacher. A story reinforces the idea of always crossing with someone older.

Objectives

Children will practice:

- Crossing streets with someone older.
- Looking for cars.
- Listening for cars.

Teacher Preparation

You may want to use SAFEWALK 4 only with older children. SAFEWALK is not intended to teach children how to cross streets alone; rather, it is intended to teach them to cross streets with someone older.

Learning to cross streets is complicated; most three- to four-year-olds are not developmentally ready for it. But because three- to four-year-olds do begin venturing across streets alone--searching for playmates, toys, and adventure, and despite warnings from parents--it is good for them to begin practicing "stop, look, and listen" techniques at every curb, under the guidance of someone older.

Remember, three- and four-year-olds are in the process of developing. Their coordination is shaky. Their eyesight is not yet like an adult's--they are often far-sighted, their eyes are not well coordinated, they focus on objects slowly, and their side vision is underdeveloped. Moreover, young children often cannot tell the direction from which a sound is coming. These and other developmental issues are barriers to the child's learning to cross streets, and need to be kept in mind by those of us who help them to learn.

Materials Needed

- Cut-outs (one per child) representing "someone older"
- Paint, crayons, or markers for coloring the cut-outs

- Cellophane tape or staplers for attaching the "someone older" cut-outs to the "child" cut-outs (self-representations) from SAFEWALK 1

In addition, for the walk itself you will want to invite other adults to help the children practice looking and listening.

Materials Preparation

Prepare the "someone older" cut-outs as you did the children's self-representations for SAFEWALK 1. These new cut-outs need to be about twice as high as the self-representations, and the hand of the "someone older" cut-outs should meet the hand of the "child" cut-outs.

Safewalk 4 Procedure

Working with the Mural

1. Begin by asking the children, "Who helps you cross streets?" Point out that all these helpers are older and have practiced crossing streets many times. Tell the children that it is okay to cross streets with someone older. You'll need to help the children understand who "someone older" is.

2. Give each child a "someone older" cut-out, and ask the child to draw the older person she or he most likes to cross streets with.

3. Gather the children, each with a cut-out, around the mural. Ask a child who his or her "someone older" is. Using cellophane tape or a stapler, help the child to make the "someone older" hold hands with the child's own cut-out (self-representation) on the larger mural (or use the individual murals). Help the rest of the children do the same.

4. Have the children close their eyes or turn around while you move several pairs of cut-outs into the street, as if crossing.

5. Ask the children to open their eyes and then raise their hands if their cut-outs are in the street. Ask them if it's okay to be in the street. (Answer: Yes, because they are crossing the street with someone older).

6. Have the children move all walkers to the sidewalk to complete the trip across the street.

Walking Outside

1. Divide the class into small groups, each with an adult as the group leader. Have each group leader tell the children she or he will be the "someone older" taking them across the streets. Then go to a section of street (not an intersection for starters--it's too confusing) where there is a good view of approaching cars in both directions. Have the children line up well back from the curb or edge of the road.

2. Now point left down the street, and ask children to point where you are pointing and to look for cars coming from there. (It's best not to use the words "left" and "right," because many of the children will not know them.)

3. Then point right, and ask the children to point where you are pointing, and to look for any cars coming. Point left again to look for cars. When you see a break in traffic, have the children notice that there are no cars, and cross the street.

4. Next, walk to a place where it is difficult to see approaching cars--perhaps a place where other cars are parked or where a bush obstructs the view. Point left, and ask the children to point in that direction and look for cars. At least some of the children should notice that cars or bushes are in the way. Ask children if this is a good place to cross. Allow them to figure out that this is a bad place to cross, because they can't see cars coming.

5. Walk to a place that affords a good view, and again practice the pointing and looking as described above.

6. Now (or during a subsequent walk, if you prefer) ask the children to listen for the noises that cars and trucks make. Tell them that sometimes they can hear a car before they see it. When they hear a sound, have them guess whether it's from a car or a truck. On a later walk you might want to help them notice that a car sounds louder and louder as it comes closer, and softer as it goes away.

7. When you see a break in traffic, have the children notice that they can't see or hear any cars; cross the street.

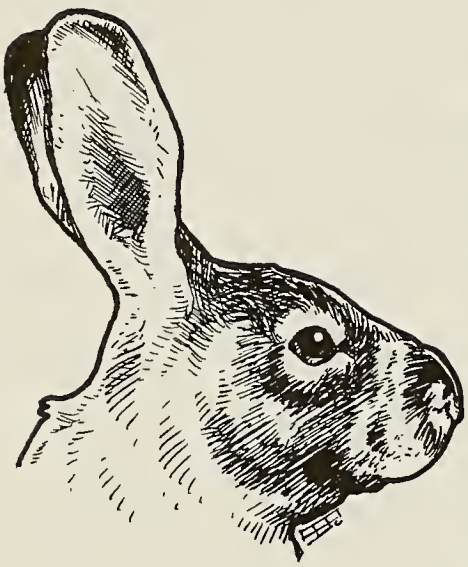
8. Continue to practice stopping, looking, and listening, finding a time when there are not cars, and crossing. Stress that the children need to cross streets with someone older and that this is practice.

Suggestions

1. Use the story "The Runaway Snowball" to help children learn the lessons of SAFEWALK 4. Suggested props include a toy white rabbit (called Snowball), blocks for the rabbit cage and for the street, a doll (Mandy, who cares for Snowball), and a garden and house (belonging to Mrs. Mullins) constructed of green paper.

   Set the stage, telling the story (below) as you do: Make a cage of small blocks and put Snowball the rabbit in the cage. Make a street with big blocks. Place a house across the street and a garden (green paper) next to it.

The Runaway Snowball



Snowball is a very smart rabbit and a very hungry rabbit.

Mandy takes care of Snowball and loves her. Every day, Mandy brings leftover lettuce and carrots from her mother's kitchen to feed Snowball. Every day, Snowball watches Mandy open the cage and toss in the vegetables.

Snowball longs to get out of the cage and go to Mrs. Mullins's garden across the street. Big heads of lettuce grow there--bigger than any Snowball has ever eaten.

Because Snowball is such a hungry rabbit, each day she carefully watches Mandy open the cage, and then at night tries to open the cage herself but cannot.

But one day Mandy forgot to latch the cage, and Snowball opens the door and hops out of her cage.

Where do you think Snowball goes? She heads right toward two big heads of lettuce in Mrs. Mullins's garden. She hop-hop-hops along the grass till she comes to a long step, and then stops. "This is a curb," Snowball says. "Long ago when I was little, my momma showed me how to stop at curbs, and how to look and listen for cars." Snowball can hear a car coming. She waits until there are no cars, and then hop-hops across the street into Mrs. Mullins's garden.

Snowball eats one big head of Boston lettuce, two carrots, and fourteen peas. Then, filled up to her long ears, she goes to sleep.

The next morning, Mandy goes to Snowball's cage with a breakfast of cabbage and carrot tops. Mandy sees that the door is open and Snowball is gone. "Snowball, where are you, where are you?" she cries.

But Snowball doesn't answer. Mandy sadly begins to look for Snowball. Soon Mandy sees Snowball across the street, asleep in Mrs. Mullin's garden, her white ears on a head of lettuce and her feet slung up in a pepper plant. Mandy starts to run to Snowball, but when she comes to the curb, she remembers _____.
(Ask the children to fill in the words.) Mandy knows it isn't safe to cross streets alone, and she sees cars coming.

Here, ask the children what Mandy needs to do. Possible answers: Go ask her mother, or if her mother isn't home, ask someone she knows who's older.

Finally have the children finish the story, making sure that their ending includes Mandy crossing the street with someone older.

2. Use a recording of traffic sounds, and have the children identify the sounds.

SAFEWALK 5
Keep Away From Cars In Driveways

Rationale and Overview

Many children are injured by cars backing out of driveways. In this SAFEWALK, children focus on the fact that drivers of cars can't see well going backward and can't see children behind the car. The point is for children to realize that they need to stay away from parked cars in driveways, in parking lots, on streets, and elsewhere.

Objectives

Children will:

- Learn that a driver cannot always see a child in front of or behind a car.
- Practice stopping, looking, and listening at driveways.

Teacher Preparation

Materials Needed

- A car, parked in a nearby driveway with a safe area for children to stand
- Toy cars, trucks, and buses (one for each child, if possible)
- The mural (placed on the floor), onto which two driveways have been drawn
- At least two adults

Safewalk 5 Procedure

1. Review the words "front," "back," "forward," and "backward" to prepare the children for relating these concepts to drivers and cars. Ask one child (say, Tom) to help out by standing in front of the class. Have the class point out Tom's front. (How do they know? Answer: Tom's face.) Ask for Tom's back. Then, ask Tom to go forward and to go backward. Make sure the children recognize that it's hard to see when you go backward. It is a good idea to have all the children try backward walking safely.

2. Next, ask Tom to turn his head toward his back and tell the group what he sees behind him. Ask each child to do this. Point out that you cannot see everything that is behind you just by turning your head.

3. Walk to the car parked in the driveway, and ask the children to point out the front and back of the car. Focus on how you tell the difference (e.g., front: headlights, driver's face, steering wheel; back: small lights, red lights, tail pipe).

4. With children standing well back, and supervised by another adult, the driver gets into the driver's seat, fastens the seat belt, and starts the car, then drives forward a few feet. Ask the children what happened.

5. The driver then drives backward a few feet. Ask the children what happened. Then ask them if they think the driver can see well driving backward. Reinforce the difficulty of seeing while going backward by having Tom try walking backward carefully again.

6. Ask the driver to cover her or his eyes so that the children will believe the driver can't see what's happening. Tell the children that you are going to take some of them behind the car to find out whether the driver can see them. Do this, then ask the driver to open his or her eyes and tell you who is behind the car. Most likely, the driver will be able to see the adult, but not the children. Emphasize that the driver can see only the adult--not the children. Explain that the driver could start backing up, unaware that small children were playing behind the car. Give every child the chance to stand with you behind the car and have the experience of not being seen by the driver.

7. Point out to the children that when they walk on sidewalks they need to be very careful of driveways. They need to look to see that no cars are coming out of the driveway. Practice stopping and looking at driveways with the children on this walk and others.

8. Help the children learn how to tell if a car might be backing up. With the class standing well back and to the side and watching carefully, have the driver get in the car, fasten the seat belt, start the car, and drive backward a few feet. Ask the children to describe everything they saw happen: (a) Driver gets in the car. (b) Driver puts on the seat belt. (c) Car makes a noise and puffs out a little smoke from the exhaust pipe. (d) The taillights go on. (e) The car backs up.

9. Tell the children that these are all signs that a driver is getting ready to back up. Have the driver demonstrate the sequence again.

10. Reinforce the idea that children need to stay away from all parked cars in driveways, on streets, in parking lots, and elsewhere because the driver probably can't see them.

11. On future walks, help the children form the habit of stopping and looking at driveways and other locations where parked cars may be about to move.

12. Back in the classroom, group the children on the floor around the mural and the assorted toy cars, trucks, and buses. Ask each child to take a toy vehicle and point to the front (reinforce the identifying of headlights and driver's face) and to the back (reinforce the identifying of back lights--especially red ones).

13. Next, ask the children to locate the driveway you have drawn on the mural and ask one child to "drive" a car into the driveway and park.

14. Take one of the "child" cut-outs (self-representations) and "walk" it on the sidewalk, toward the driveway. Ask the children what the "child" cut-out needs to do at the driveway. (Answer: Stop and look at the car to see if there's a driver in it and if the back lights are on; listen for the car's motor.) Stress being very careful to stay away from parked cars anywhere.

Art Activity

Have the children draw cars, emphasizing the difference between fronts and backs of cars. One idea: Draw front and back views together on one piece of paper.

APPENDIX H
SAMPLE EMERGENCY FORMS

- Emergency Procedures
- Emergency Transportation Permission Form
- Injury Report Form
- Sample Phone Emergency List

Emergency Procedures

1. Remain calm. Reassure the victim.

2. Stay at the scene and give help until the person assigned to handle emergencies arrives.

3. Send word to the person who handles emergencies at the center. This person will take charge of the emergency, assess the situation, and give any further first aid as needed.

4. Do not move a severely injured or ill person except to save a life.

5. If necessary, phone for help. Give all the important information slowly and clearly. To make sure that you have given all the necessary information, wait for the other party to hang up first. Arrange for transportation of the injured person by ambulance or other such vehicle if necessary. Do not drive unless accompanied by another adult. Bring your Emergency Transportation Permission Form with you.

6. Do not give aspirin or other medications, unless authorized to do so by the poison center if there has been a poisoning or by a physician for other illnesses.

7. Notify parent(s) of the emergency and agree on a course of action with the parent(s).

8. If parent(s) cannot be reached, notify the emergency contact person and call the physician shown on the child's Emergency Transportation Permission Form.

9. A responsible individual from the center should stay with the child until the parent(s) take charge.

10. Fill out an accident report within 24 hours; File it in the child's folder. Give the parent(s) a copy of the report, preferably the same day of the accident. Note injury informaton in the central injury log.

Emergency Transportation Permission Form

I understand that no emergency treatment will be given to my child without parental consent, except in a life-threatening situation. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I (or my spouse or a responsible adult designated by me) may be reached daily if the numbers below do not apply for that day.

In case of a medical emergency while my child is attending _____, I understand that the following procedure will be followed:

1. The center will contact parent(s):

   Mother can be reached at (Tel.) _____ or _____.
   Father can be reached at (Tel.) _____ or _____.

2. If neither parent is available, the center will contact these emergency persons:

   Name:_____ can be reached at _____.
   Name:_____ can be reached at _____.
   Name:_____ can be reached at _____.

3. The center will arrange for emergency transportation to the nearest emergency medical facility, if necessary. At no time will a staff member drive with my child unless accompanied by another adult. My child will be transported by an ambulance or other such vehicle when necessary.

4. The center will also contact my child's physician, Dr. _____ _____, who can be reached at _____.

I hereby authorize the center to follow this procedure.

Parent's signature:_____ Date:_____

Injury Report Form

CHILD'S NAME: _____

DATE OF INJURY: _____ TIME OF INJURY: _____

WITNESSES: _____

PARENTS NOTIFIED BY: _____ TIME OF REPORT: _____

LOCATION OF INJURY: _____

EQUIPMENT/PRODUCT (IF ANY INVOLVED): _____

DESCRIPTION OF INJURY; SPECIFIC BODY PARTS INVOLVED: _____

_____

DESCRIPTION OF HOW INJURY OCCURRED: _____

_____

FIRST AID OR MEDICAL CARE REQUIRED (Describe actions taken by center): _____

_____

_____

WHERE ELSE CHILD RECEIVED TREATMENT (Specify hospital, clinic, or physician):

_____

DIAGNOSIS/FOLLOW-UP PLAN: _____

_____

_____

SIGNATURE OF STAFF MEMBER: _____ DATE: _____

SIGNATURE OF PARENT: _____ DATE: _____

SUBMIT WITHIN 24 HOURS OF ACCIDENT

File in Child's Folder
Give Copy to Parent
Enter into Injury Log

Sample Phone Emergency List

THIS PHONE IS LOCATED AT: _____

_____

_____

Phone Number: _____

DIRECTIONS: e.g., 2nd floor rear of the old Washington Elementary School building at the intersection of Main and South Streets

EMERGENCY NUMBERS:

Police: _____

Fire: _____

Ambulance: _____

Nearest Emergency Facility: _____

IMPORTANT NUMBERS:

Poison Center: _____

Health Consultant: _____

Child Abuse Hot Line: _____

Local Department of Social Services: _____

Taxi: _____

(At home you should include work numbers for any adult who might need to be reached in a hurry.)

ALWAYS GIVE THIS INFORMATION IN EMERGENCIES

1. Name
2. Nature of emergency
3. Telephone number
4. Address
5. Easy directions
6. Exact location of injured person (e.g., backyard behind parking lot)

OPTIONAL INFORMATION

7. Help already given
8. Ways to make it easier to find you (e.g., standing in front of building, red flag)

DO NOT HANG UP BEFORE THE OTHER PERSON HANGS UP

APPENDIX I
Recommended Resources

- Books on Preventing Injury to Children
- Audiovisual Resources
- Resources from SCIPP
- National, State, and Community Resources

Books on Preventing Injury to Children

Many of the books listed below are available from the Injury Prevention Resource Center, Massachusetts Department of Public Health.

Safety

Health in Day Care: A Guide for Day Care Providers in Massachusetts. Massachusetts Department of Public Health (Publication date: Fall 1986).

Health, Safety & First Aid: A Guide for Training Child Care Workers. Audrey A. Robertson, Toys 'n Things Press, Minnesota Curriculum Services Center, 3554 White Bear Ave., White Bear Lake, MN 56610, 1980. (Lots of good information for teachers.)

Of Acceptable Risk: Science and the Determination of Safety. William W. Lowrence (Los Altos, Calif.: William Kaufman, 1976). ISBN 0-913232-31-9. (A scientific discussion of risks and safety.)

Us in a Bus: A Transportation Manual for Head Start Programs, Project REACH (Newton, Mass.: Education Development Center, 1984).

First Aid

Childhood Emergency Sourcebook. Kenneth Williams in collaboration with the Holyoke, Massachusetts, Preschool Enrichment Team, 1985.

A Sigh of Relief: The First Aid Handbook for Childhood Emergencies, 2nd ed. Martin Green (New York: Bantam, 1977).

Emergency Care and Transportation of the Sick and Injured, 2nd ed. AAOS, 1977. LOC 76-3157. Approx. $10. (One of the standard EMT texts; emphasis on ambulance and basic rescue work.)

Standard First Aid and Personal Safety, 2nd ed. American National Red Cross (New York: Doubleday, 1979). ISBN-0-385-15736-3. Approx. $5. (Good basic text with emphasis on safety, not very useful as a quick reference.)

Advanced First Aid and Emergency Care, 2nd ed. (New York: Doubleday, 1979). ISBN-035-15-737-1. Approx. $5. (Emphasis on first aid and transportation.)

Playgrounds

A Handbook for Public Playground Safety: General Guidelines for New and Existing Playgrounds. Vol. I. U.S. Consumer Product Safety Commission, Washington, D.C. 20207.

"Play Happy, Play Safely" Playground Equipment Guide. U.S. Consumer Product Safety Commission, Washington, D.C. 20207.

Playground Planning and Fund Raising Guide, Jay Beckwith, 1979. Available from Big Top, Northwest Design Products, Inc., 3113 South Pine Street, Tacoma, WA 98409.

Children's Play and Playgrounds, Joe L. Frost and Barry L. Klein. Playscapes International, Austin, Texas, 1983.

Children's Books on Safety

Baker, Eugene H. Safety First: Home. Creative Education, 1980.
Simple text and illustrations point out rules to follow to avoid accidents in the home.

Baker, Eugene H. Safety First: Outdoors. Creative Education, 1980.
Presents safety tips for playing out of doors.

Baker, Eugene H. Safety First: School. Creative Education, 1980.
Instructions for safety in school and on the playground.

Brown, Marc. Dinosaurs Beware! A Safety Guide. Little, Brown, 1982.
Safety tips demonstrated by dinosaurs in situations at home, in the car, camping, and other familiar places.

Chlad, Dorothy. When There Is a Fire, Go Outside. Children's Press, 1982.
Discusses safety rules to be followed when there is a fire in the house.

Chlad, Dorothy. When I Ride in a Car. Children's Press, 1982.
Discusses how to be a safe passenger.

Chlad, Dorothy. Bicycles are Fun to Ride. Children's Press, 1984.
Young boy tells about safety rules when riding a bicycle.

Chlad, Dorothy. Matches, Lighters and Firecrackers Are Not Toys.
Children's Press, 1982.
Presents safety rules to be followed around matches, lighters, and firecrackers.

Chlad, Dorothy. Poisons Make You Sick. Children's Press, 1984.
Small girl explains why you should never put strange things in your mouth.

Chlad, Dorothy. When I Cross the Street. Children's Press, 1982.
General rules to follow when crossing the street in the city and in the country.

Cohen, Miriam. Jim's Dog Muffins. Greenwillow, 1984.
Jim's dog Muffins has been run over and killed, and Jim doesn't feel like talking to anybody in his class.

Elbert, Jeannie. What Would You Do If . . . ? A Safety Game for You and Your Child. Houghton Mifflin, 1985.

Freeman, Lory. What Would You Do If . . . ? A Kid's Guide to First Aid. Parenting Press, 1983.

Geisel, Theodor (Dr. Suess). And to Think That I Saw It on Mulberry Street. Vanguard Press, 1937.
A fanciful parade develops on Mulberry Street in Springfield.

Gore, Harriet Margolis. What to Do When There's No One But You. Prentice Hall, 1984.
Presents common first aid problems with step-by-step instructions for coping with them.

Hoban, Tana. I Read Signs. Greenwillow, 1983.
Introduces signs and symbols frequently seen along the highway.

Hoban, Tana. I Walk and Read. Greenwillow, 1984.
Color photographs introduce signs seen along the street.

Keller, Irene. The Thingumajig Book of Health and Safety. Children's Press, 1982.
Important pointers about health and safety for young children.

Poulet, Virginia. Blue Bug's Safety Book. Children's Press, 1973.
By observing the safety signs, Blue Bug arrives home unharmed.

Shapp, Martha. Let's Find Out about Safety. Watts, 1975.
A variety of safety tips for situations at home and outside.

Tester, Sylvia Root. Magic Monsters Learn about Safety. Child's World, 1979.
Youngster reviews safety rules with two magic monsters.

Audiovisual Resources

Available on loan from the Injury Prevention Resource Center, Massachusetts Department of Public Health. Call 617-727 1246 or 1-800-CAR-SAFE (outside the Boston area) to schedule rental.

For Children:

Pedestrian Safety

Tigger Becomes a Pedestrian
10 minutes, filmstrip/cassette, 1985
Walt Disney Educational Media Company

Eeyore Takes a Walk
11 minutes, filmstrip cassette, 1975
Walt Disney Educational Media Company

School Bus Safety

Pooh Rides the Bus
14 minutes, filmstrip cassette, 1975
Walt Disney Educational Media Company

Passenger Safety

Riding with Buckle Bear (Kit)
6 minutes, filmstrip/cassette OR slides/cassette, 1982
Weiner/Seaman Productions

Beltwoman (Kit)
30-40 minutes, filmstrip/cassette, 1985
FLI Learning Systems

Otto the Auto (series E)
5 minutes, 16 mm, 1983
American Automobile Association (AAA)

Fire and Burn Prevention

Hansel & Gretel: Fire and the Witch
11 minutes, 16 mm, 1978
Film Communicators

Project Burn Prevention (Kit)
I'll Never, Never, Never and
A Little Birdie Told Me
Each 7 minutes, film/cassette, 1980
National Fire Protection Association

Play

Tigger Finds an Almost Built House
11 1/2 minutes, filmstrip cassette, 1975
Walt Disney Educational Media

Poison Prevention

Sniffy Escapes Poisoning
6 1/2 minutes, 16 mm, animated, 1967
Perrenial Films

For Parents/Staff:

General

Accident's Don't Have to Happen
10 1/2 minutes, 16 mm, OR 1/2" video, 1986
PRI

An Instant of Time
10 minutes, 16 mm OR 1/2" video, 1985
Perrenial Films

Burn Prevention

Project Burn Prevention Community Outreach/Adult Kit
Films/cassettes and written material
National Fire Protection Association, 1980

Passenger Safety

Room to Live
22 minutes, 16 mm OR 3/4" video, OR 1/2" video, 1975
The Media Group

Children and Infants in Car Crashes
5 minutes, 16 mm, 1979
Insurance Institute for Highway Safety

Don't Risk Your Child's Life
14 minutes, 16 mm, 1983
Available in English and Spanish
Physicians for Automotive Safety

Resources from SCIPP

The SAFESTATE Modules

In addition to the SAFE DAYCARE kit, SCIPP is developing five other modules targeting specific populations. Through this comprehensive approach, SCIPP hopes to reach 25 percent of the 1.7 million children in Massachusetts. The additional SCIPP modules also available are described below.

SAFEHOME is the technological and implementation component of SCIPP. Through the SAFEHOME program, families can receive assistance and supplies to help reduce or eliminate injuries in the home. The SAFEHOME kit includes a Leader's Guide, Inspector's Notes, filmstrip, checklists, and a demonstration supply board.

SAFECHILD is for use by pediatric health care providers in well-child settings. The SAFECHILD kit contains materials needed to counsel parents on childhood injury prevention according to their child's developmental stage. The kit includes a Counseling Guide, a pictorial Counseling Flipbook, an envelope of safety handouts, four safety posters, and a no-choke testing tube.

SAFESCHOOL presents information and resources to help establish and conduct injury prevention education for students in grades K-6.

Intervention strategies and appropriate materials are being planned for adolescents and for the enforcement of injury prevention regulations.

Injury Prevention Resource Center 617-727-1246

SCIPP also operates an Injury Prevention Resource Center at the Department of Public Health, Boston. The center provides access to journals, research papers, curricula, films, filmstrips, and videotapes on diverse injury prevention topics. Students, teachers, medical professionals, community leaders, and consumers make use of SCIPP materials at the resource center, in person or through mail or telephone contact.

Data Requests

The SCIPP data base continues to grow, and our researchers receive information requests from throughout the country. Communities and agencies alike have used SCIPP data to support efforts to establish injury prevention programs. With sufficient notice, SCIPP can fulfill most requests for data on unintentional and intentional injuries to children in Massachusetts.

National, State, and Community Resources

Massachusetts Poison Information Center

Massachusetts Poison Control System

In Greater Boston: 617-232-2120
Toll-free statewide number: 1-800-682-9211

For a poisoning emergency or questions about poisons. Immediate help is available for the general public and professionals, 24 hours a day, any day of the year, from anywhere in Massachusetts. Educational materials: emergency stickers for telephones.

Childhood Lead Poisoning Prevention Program

1-800-532-9571

Information about causes, symptoms, treatments, and prevention of lead poisoning. Lab screening, medical case management, inspection of dwellings. Legal information about removal of lead paint and enforcement or removal from homes with lead-poisoned children. Referrals for soil testing and occupational exposure to lead.

Massachusetts Passenger Safety Program

Massachusetts P.S. Passenger Safety Program

1-800-CAR-SAFE

An information service for educators, clinicians, and other providers. (Note: This is not a consumer hotline. Health care providers may call with questions from their patients about car seats, safety belts, car seat loan programs, or educational programs.)

Local Car Seat Loan Programs

Insert current information about programs in your own and neighboring communities:

Agency	Phone Number
_____	_____
_____	_____
_____	_____

National Highway Traffic Safety Administration (NHTSA)

1-800-424-9393

Responds to complaints and questions about the safety of cars and car safety seats.

Consumer Product Safety Commission **(CPSC)**

1-800-638-CPSC
Mon.-Fri., 8:30 a.m.-5:00 p.m.

Use this number to obtain safety information, obtain information about product recall, report a hazardous product, or report a product-related injury or death. All services are free of charge.

Patients may call to order free brochures on toy safety, babysitting tips, playground safety, poisons, and children's furniture (cribs, walkers, playpens, etc.).

Food and Drug Administration **(FDA)**

301-443-3170

Complaints or questions about the safety of a food or drug. (For poisoning, call the Poison Center.)

State Fire Marshal's Office

617-566-4500

Community education; counseling referrals for juvenile fire-setters; detailed data on the incidence of fatal and nonfatal fires in Massachusetts.

Arson Watch Reward Program

Statewide arson hotline: 1-800-682-9229

A reward program of the SFMO offering $5,000 to individuals who provide information that leads to the solving of an arson crime.

Massachusetts Burn Injury Reporting System **(M-BIRS)**

1-800-682-9229

A physician or any emergency room personnel treating burn injuries must report any burn injury covering 5 percent or more of the surface body area. The clinician must call the M-BIRS hotline, notify the local police chief in the community where the burn occurred, and complete a burn injury report form.

Citizen Information Service **(CIS)**

617-727-7030 or 1-800-392-6090

Provides toll-free telephone assistance regarding state government programs and agencies. If CIS cannot answer a citizen's questions, the call will be transferred to the appropriate agency for further assistance.

American Academy of Pediatrics **(AAP)**

For questions related to AAP injury prevention activities in Massachusetts:

Dr. Paul Schreiber
Goddard Medical Associates
1 Pearl Street
Brockton, MA 02401

For general questions regarding the Massachusetts AAP chapter:

Dr. Joel Bass
Framingham Union Hospital
Department of Pediatrics
115 Lincoln Street
Framingham, MA 01701

Local Boards of Health

For information on State Sanitary Code regulations and local ordinances (enforcement procedures, housing inspections, etc.). All Massachusetts Boards of Health will have the opportunity to acquire and use SAFEHOME materials and establish a local SAFEHOME program.

Town	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____

Local Red Cross Chapters

Safety programs and materials: first-aid courses; babysitting training classes.

Town	Phone Number
_____	_____
_____	_____
_____	_____

Local Fire Departments

For information on fire prevention, smoke detectors and other products, and local ordinances.

Town	Phone Number

Local Police Departments

Town	Phone Number

Important Safety Numbers

Town	Phone Number

APPENDIX J
Safety Handouts

- Child Supervision
- Match Safety
- Home Heating Safety
- Stop, Drop, and Roll
- Smoke Detectors
- Fire Escape Plan
- E.D.I.T.H.: Exit Drills in the Home
- Safe Plants
- Poisonous Plants
- Unsafe Art Supplies
- If You Suspect a Poisoning
- Preventing Scalds
- Preventing Choking
- Toy Safety

CHILD SUPERVISION

Being a parent is hard work and it's important for parents to have time to relax away from their children. However, babies and young children cannot take care of themselves and should not be left home alone—*even for a few minutes.* Children have been injured and killed by fires, drownings, falls, and other causes when left home alone.

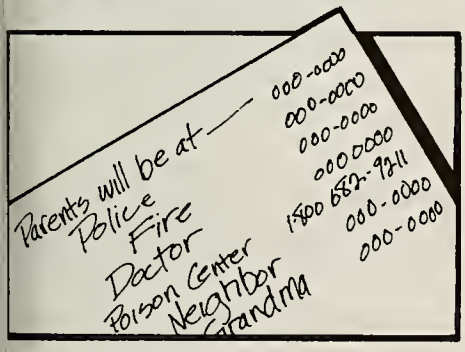
To protect your child:

Never leave your child at home alone or with another child. If you leave the house, *even for a minute.* TAKE YOUR CHILD WITH YOU or get a responsible person to watch your child.

- Another child—even a brother or a sister—should not be left to take care of your baby until that child is old enough to do so (around age 12 or 13).

- *Never* leave your children alone in a car.

Anyone who babysits should be able to:



- Understand what to do in case of a fire.
- Use a telephone to call the police or hospital.
- Reach the parent or another adult in an emergency.
- Call the police if someone tries to break in.

Parents may find it helpful to exchange babysitting with other neighbors. It will give your children other playmates and you child care at no cost.

Statewide Comprehensive Injury Prevention Program
Mass. Department of Public Health, Division of Family Health Services
150 Tremont Street, 3rd Floor, Boston, MA 02111 (617) 727-1246

SCIPP

MATCH SAFETY

Where do you keep matches and lighters?

Some children think matches and lighters are fun to play with.

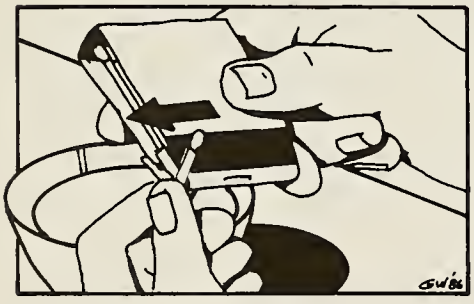
Always keep matches and lighters out of reach and out of sight.

Teach your child that:

1. Matches and lighters are tools for grown-ups.
2. Children who play with matches can be badly burned, and can hurt other people too.
3. If he or she finds matches or a lighter, bring them to an adult *right away!*

Using paper matches:

When your child is older than 5, TEACH him or her the safe way to light a match. You will be the best judge of when your child is ready to learn this skill.



1. remove match; close cover; turn pack over
2. strike in direction AWAY from the body
3. hold lighted match, away from body and clothing for 2-3 seconds
4. have child blow out the match
5. hold match until cool, dip it in water, throw it away

Repeat this once each day for a week. *Be sure that you are in a safe place while you teach*—not near furniture, curtains, or anything that could catch on fire!

If you think that your child has a fascination with lighting matches or starting fires, ask your doctor for advice or call the State Fire Marshal's Office (566-3500 x316) for information about getting help.

Statewide Comprehensive Injury Prevention Program
Mass. Department of Public Health, Division of Family Health Services
150 Tremont Street, 3rd Floor, Boston, MA 02111 (617) 727-1246

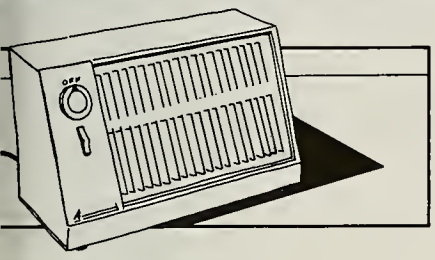
SCIPP

HOME HEATING SAFETY

Space heaters and woodstoves—used safely—can provide extra warmth during the winter months. Heating devices that are placed or maintained poorly can cause serious fires, injuries, and deaths.

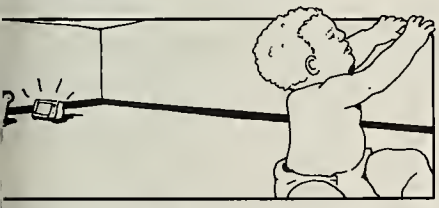
Follow these steps to avoid fire and burns from heating devices.

Space heaters should:

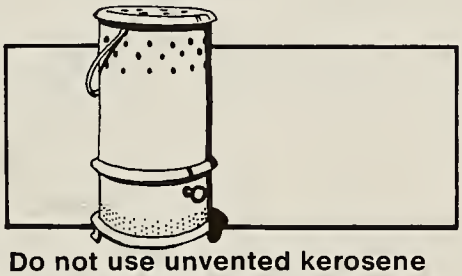


- Be stable (so they don't tip over).
- Be at least 3 feet from things that can catch fire (e.g., curtains, papers, furniture).
- Have a screen or other barrier around them.

Important:



eep children away from heaters) that they can't get burned or stick aper or other things into a heater.



Do not use unvented kerosene heaters. (They are illegal in Massachusetts.)

Do not use your gas oven or charcoal for heat. The fumes can harm or kill your family, especially while you sleep.

here are fuel-assistance programs) help families pay their heating bills. all your city hall to find out if you are ligible.

tatewide Comprehensive Injury Prevention Program
lass. Department of Public Health, Division of Family Health Services
50 Tremont Street, 3rd Floor, Boston, MA 02111 (617) 727-1246

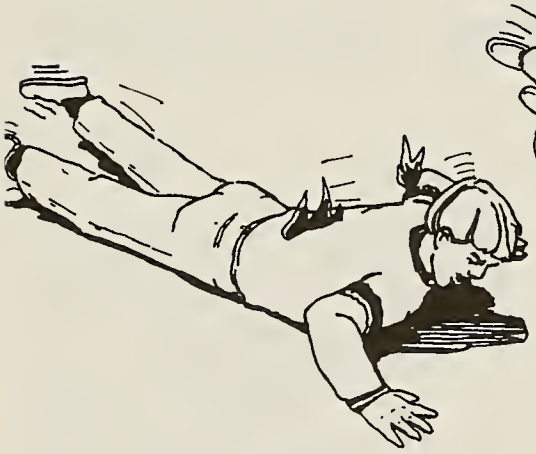
SCIPP

STOP, DROP, and ROLL

Young children have saved their own lives by droppin
and rolling when their clothes caught fire.

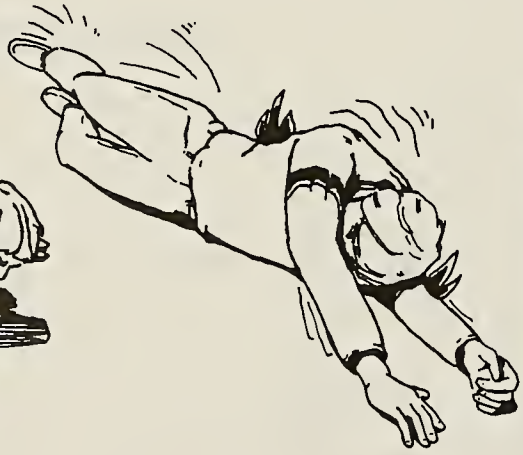
STOP

STOP where you are—do not run.



DROP

DROP to the ground or to the floor and cover your face with your hands.



ROLL

ROLL to put out the flames.

COOL

COOL the burn right away with wat
only.

GET medical help.

Teach your child (age 3 or older) t
STOP, DROP, and ROLL.

Statewide Comprehensive Injury Prevention Program
Mass. Department of Public Health, Division of Family Health Services
150 Tremont Street, 3rd Floor, Boston, MA 02111 (617) 727-1246

SCIPP

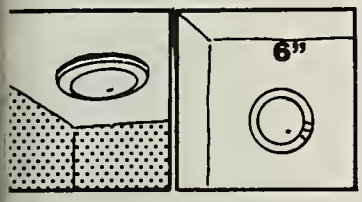
SMOKE DETECTORS

Most fatal fires occur at night while people are sleeping. A smoke detector will wake you when there is a fire, in time to save your life. A smoke detector *in working condition* will usually give you three minutes to escape.

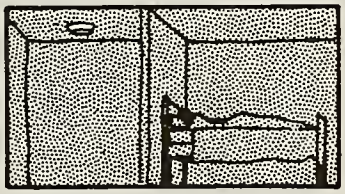
Who should have a smoke detector?

Every home should have *at least one* smoke detector. By Massachusetts law, landlords must provide smoke detectors in a building with three or more apartments. In some cities, such as Boston, all homes must have smoke detectors.

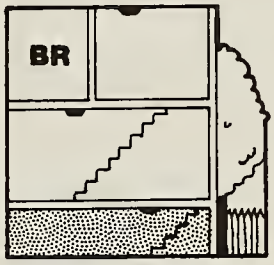
Where should a smoke detector be placed?



n the ceiling, or on the wall
-12" below the ceiling



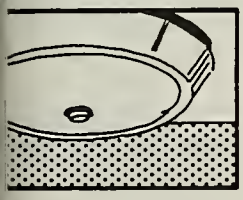
outside the sleeping areas



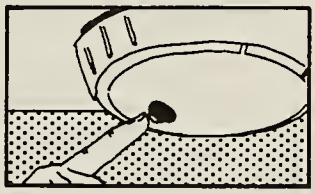
- at the foot of stairs that lead to floors where bedrooms are located.
- at the top of the basement stairs.

Multi-floor homes will need more than one detector.

How should they be maintained?



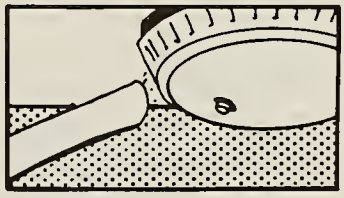
Smoke detectors can save lives *only* if they are working properly. Be sure to:



test them monthly by pushing test buttons or blowing smoke into them to make sure alarms work.

replace batteries when low,
r at least once a year.

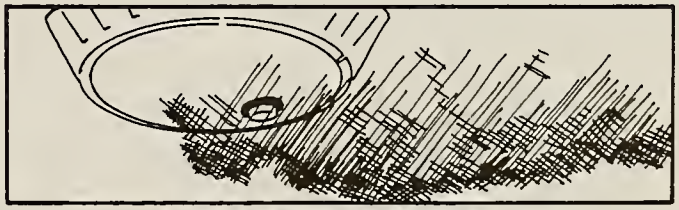
vacuum the detector gently to keep dust out.



NEVER

remove batteries for use in toys, radios, etc.

disconnect them – if a smoke detector goes off from cooking fumes, move it to a better spot and reconnect it right away.



A smoke detector will not protect you if the batteries are removed.

Statewide Comprehensive Injury Prevention Program
Mass. Department of Public Health, Division of Family Health Services
150 Tremont Street, 3rd Floor, Boston, MA 02111 (617) 727-1246

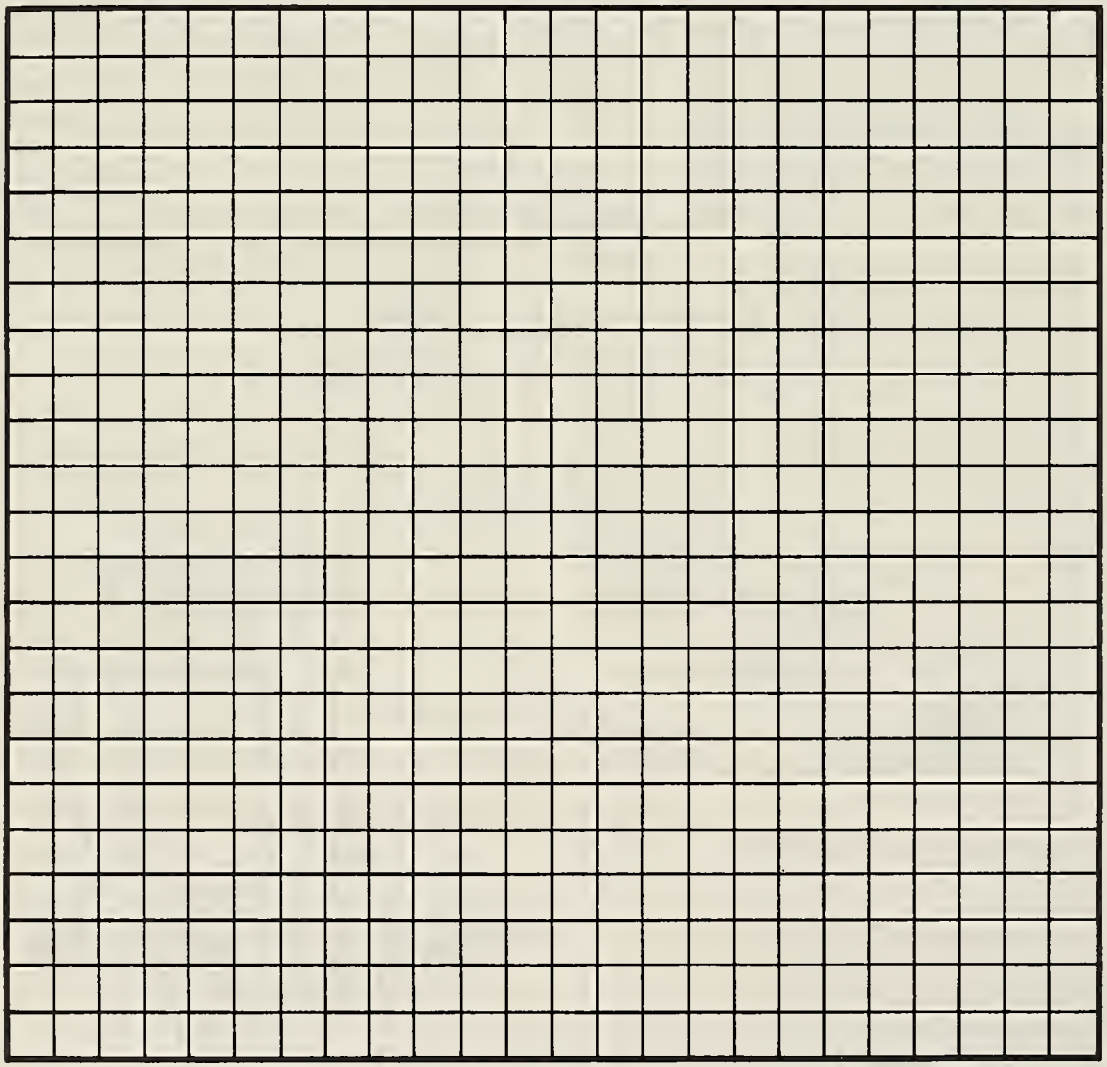
SCIPP

FIRE
ESCAPE PLAN

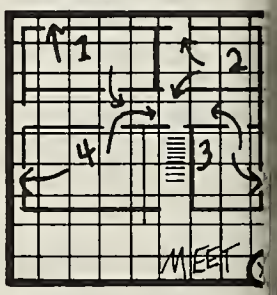
Making and practicing a fire escape plan can save lives when a fire breaks out. Most people die from smoke, not flames or heat. This four part plan could save your life!

1. **Install smoke detectors;** keep them in good working order.
2. **Plan your escape route** on a floor plan; decide on an outside meeting place.
3. **Discuss this with your family;** decide who will take charge of a child if a fire occurs.
4. **Practice your exit plan,** especially at night.

Use this grid to draw a floor plan of each person's bedroom or to show the whole house.



Example:



1. Draw two exits from each room.

2. Write down your outside meeting place

3. Practice E.D.I.T.H Exit Drills in the Home

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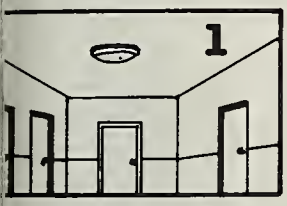
E. D. I. T. H.
Exit Drills in the Home

Should a fire occur, BE PREPARED. Practicing E.D.I.T.H. can save your life—and your family's. Remember—most deadly fires happen at night. PRACTICE AT NIGHT TO BE READY.

Practice: (once a month)



Everyone in bedrooms with doors closed.

2
One person sounds alarm.

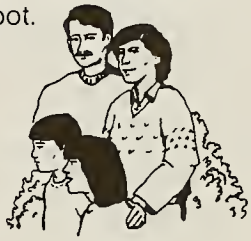
Each person tests his door for heat.

Pretend it's *cool.* **Use primary escape route.**

OR

Pretend it's *hot.* **Use alternate escape route.** (Alternate each month)

5
Everyone meets outdoors at an assigned spot.



Remember:

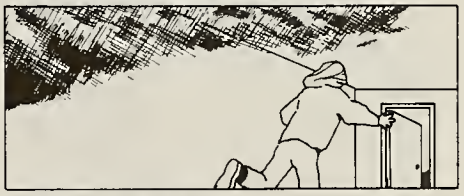
Always sleep with your bedroom door closed; it will help hold back deadly smoke.

IN A REAL FIRE:

If the smoke detector goes off, touch the door before opening it. IF IT IS HOT, USE AN ALTERNATE ESCAPE. t is cool, brace your shoulder against the door and open it slowly. Be ready to slam it if SMOKE or HEAT rush in.

rawl low in smoke. The best air is ose to the ground.

If your clothes catch fire, STOP, DROP and ROLL to put out the flames.



GET OUT FAST.
Don't waste time trying to
put out the fire
call the Fire Dept.
get dressed
or
gather valuables.
SECONDS COUNT!

nce out — *STAY OUT!* Don't go ack inside for pets or belongings.

all the fire department from a *neighbor's* phone.

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SAFE PLANTS

Plants are a leading cause of poisoning to pre-schoolers. If eaten, some plants can cause a skin rash or stomach upset—others can even cause death.

A sure way to prevent these poisonings inside the home is by substituting safe plants for poisonous ones. Here is a list of some common indoor plants that are safe for growing around young children.

COMMON NAME	BOTANICAL NAME
African violet	Saintpaulia ionantha
Aluminum plant	Pilea cadierei
Begonia	Begonia semperflorens
Boston fern	Nephrolepis exaltata
Coleus	Coleus blumei
Dracaena	Dracaena fragrans
Hen-and-chickens	Sempervivum tectorum
Jade plant	Crassula argentea
Mother-in-law's tongue	Sansevieria trifasciata
Peperomia	Peperomia obtusifolia
Prayer plant	Maranta leuconeura
Rubber plant	Ficus elastica
Sensitive plant	Mimosa pudica
Spider plant	Chlorophytum comosum
Swedish ivy	Plectranthus australis
Wandering Jew	Tradescantia fluminensis
Wax plant	Hoya carnosa
Weeping fig	Ficus benjamina

Fortunately, most plant poisonings can be prevented. Here are some ways: **Learn** which plants are poisonous. For help, check library books, garden and florist shops, the Cooperative Extension Service and the Arnold Arboreteum in Boston.
Keep young children away from all plants. Eating too much of even a 'safe' plant can make a child sick.
Remove poisonous plants from the area.
Supervise young children closely around plants.
Teach children not to put plants, fruits, and berries in their mouths.

There is no rule of thumb to help you tell a poisonous plant from a safe one. You can get help identifying plants from library books, garden and florist shops, the Cooperative Extension Service and the Arnold Arboreteum in Boston.

If you think your child may have swallowed any part of a poisonous plant, first remove any remaining pieces from the child's mouth. Then bring your child and a piece of the plant to the phone and call the Massachusetts Poison Center, toll-free, 24 hours a day. In Greater Boston area: 232-2120. Outside of Boston: 1-800-682-9211.

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SCIPP

POISONOUS PLANTS

Children are often attracted to the colorful berries, flowers, fruits and leaves of plants. But over 700 plants in the U.S. and Canada have been identified as poisonous. These can be found anywhere—in your neighbor's or your own house, in florist shops and grocery stores, in yards, in the woods and on playgrounds.

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ants are a common cause of poisoning to preschoolers. Most of ese poisonings can be prevented, so it's important for parents, andparents, babysitters and day care workers to know if poisonous ants are near children.

eaten, some plant parts can cause a skin rash or stomach upset; ers can even cause death. Here is a partial list of indoor and tdoor plants that are very dangerous—children have died from ting these.

tumn crocus
alea
neberry
lladonna
ck cherry
ck locust
ck snakeroot
ckeye
adium
per spurge
stor bean
erry
naberry
ffodil bulbs
phne
phinium
effenbachia
mbcane
ranta
ese hellebore
cglove
lden chain
acinth
Hydrangea
Jequirity bean
Jessamine
Jimson weed
Larkspur
Lantana
Laurel
Lily-of-the-valley
Lupine
Mistletoe
Monkshood
Moonseed
Mountain laurel
Mushrooms
Nightshade
Oleander
Poison hemlock
Pokeweed
Privet
Rhododendron
Rhubarb leaves
Rosary pea
Rubber vine
Sandbox tree
Tansy
Thorn apple
Tobacco
Tung oil tree
Water hemlock
White snakeroot
Yellow jessamine
Yellow oleander
Yew

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SCIPP

Unsafe Art Supplies

AVOID powdered clay. It contains silica, which is easily inhaled and harmful to the lungs.

USE wet clay which can't be inhaled.

AVOID glazes that contain lead.

USE poster paints.

AVOID paints that require solvents such as turpentine to clean brushes.

USE water-based paints.

AVOID cold-water or commercial dyes that contain chemical additives.

USE natural dyes, such as vegetables, onion skins, etc.

AVOID permanent markers, which may contain toxic solvents.

USE water-base markers.

AVOID instant papier mache, which may contain lead or asbestos.

USE black-and-white newspaper and library paste or liquid starch.

AVOID epoxy, instant glues or other solvent-based glues.

USE water-based white glue or library paste.

AVOID powdered tempera paints.

USE liquid paint or any non-toxic pair

For more information contact:

Art Hazards Information Center
5 Beekman Street
New York City, NY 10038

scipp

Statewide Comprehensive Injury Prevention Program
Injury Prevention Resource Center
Massachusetts Department of Public Health
Division of Family Health Services
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F YOU SUSPECT A POISONING

The Massachusetts Poison Center received 66,000 calls in 1985 related to cases of poisoning; 65% of these to children under age 5. Most occurred from swallowing common household items like medicine, cleaners, vitamins and poisonous plants. Many poisonings can be treated safely at home IF YOU CALL FOR MEDICAL ADVICE FIRST.

Be prepared:...

Keep a bottle of Ipecac Syrup in your home. Ipecac Syrup is used as a treatment for some poisonings and can be purchased at a drugstore for under $2.00.

MASSACHUSETTS POISON INFORMATION CENTER
Greater Boston Area
232-2120
Other Massachusetts Areas
1-800-682-9211

- Keep this number on your telephone. (If you don't have a Massachusetts Poison Center telephone sticker, cut this out and tape it to your phone.) If you do not have a phone, ask a neighbor if you can put the Poison Center number on her phone for use in an emergency.

If you think your child may have swallowed a poison...

1. Look in the child's mouth. Remove any remaining pills, pieces of plant, etc.

2. Bring the child and the poison or container to the phone. Do not give your child *anything* by mouth (not even water or milk) until you call the Poison Center or your doctor.

3. Call the Poison Center. Their trained medical staff will give you immediate treatment advice over the phone, toll-free, 24 hours a day. Be prepared to give your child's age and weight, the product name and the amount swallowed, if known.

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PREVENTING SCALDS

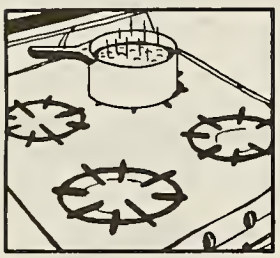
Hot foods and liquid can burn your child like fire!

Scald burns from **hot foods, hot liquids, grease** and **bath water,** can be painful and very serious. Many scalds occur to toddlers 1 - 2 years old who are beginning to walk, climb, and REACH.

To prevent scalds in the kitchen

Keep hot foods and drinks away from the edge of tables and counters. Don't leave them on a tablecloth that could be grabbed by your child.

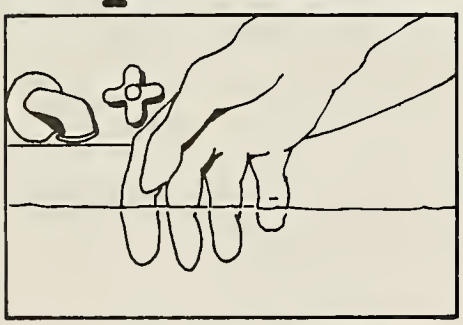
If you're holding something hot—like coffee—put your baby in a safe place. You can't hold both safely.



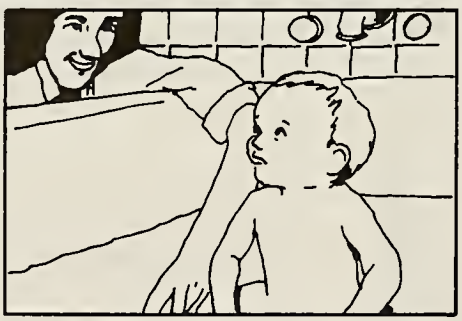
Keep your child in a safe place—away from the stove—while you are cooking. Turn pot handles toward the back of the stove where a child is less likely to reach.

Always test your child's heated food—especially bottles. Be very careful to test food heated in a microwave oven—it could be dangerously hot.

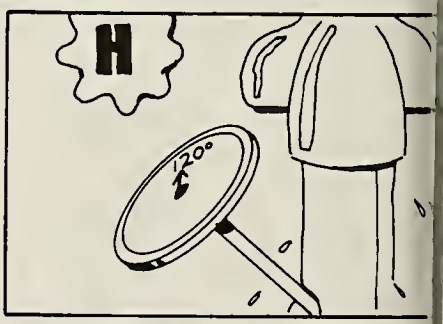
To prevent scalds in the bathroom:



Always check the water before placing your child in the tub. A child's skin is more tender than an adult's, and more easily burned by hot water.



Watch your child during bathtime. Don't leave your child alone—***even to answer the phone or the door.*** Children like the fun of running water, and may be burned if they turn on the faucet themselves. Older children have also scalded their younger brother or sister when they tried to help out at bathtime. An adult always needs to be with the child while they are bathing!



Measure the temperature of your hot tap water (let it run for 3 minut with a meat, candy, or water thermometer. For safe bathing, it shou be 120° ***or lower.*** (Mass. law allov tap-water temperature to be betwe 110°-130° only). If the water is ***ove 120°,*** lower the hot water heater setting to low or warm. (If you rent, y may need to ask your landlord to this).

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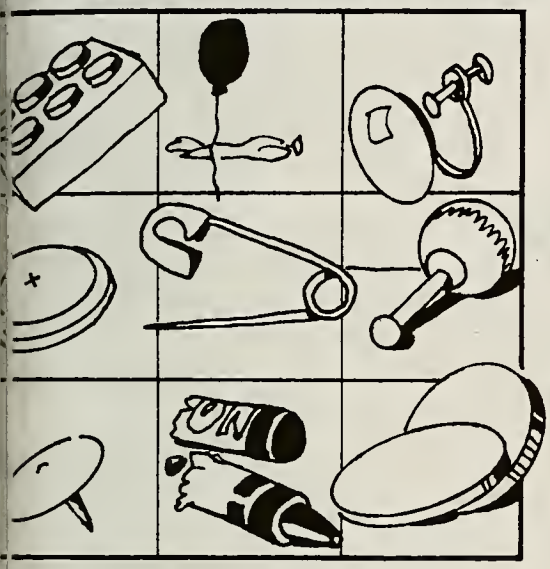
PREVENTING CHOKING

Choking on foods and objects is the fourth leading cause of death in young children.

hildren will put anything in their mouths; protect them by eeping these and other small items out of their reach.



- small parts of a toy
- broken or deflated balloons
- jewelry
- button batteries
- safety pins
- unsafe rattles
- nails, tacks, screws
- crayon pieces
- coins

Older children with small toys may enjoy decorating a shoe box as their treasure box—to be kept up high—safely beyond the reach of younger brothers and sisters.

me foods can cause young children to choke. Round, hard foods are ecially dangerous to young children.

your doctor if your child is old enough (usually around age 4) to have foods like these:

- hot dogs (#1 cause of food choking in children)
- nuts
- hard candies
- carrots
- popcorn
- grapes
- raisins

Reminders:

Don't let your child run with anything in his or her mouth (rattle, lollipop, food, pencil).

Don't let your child lie down while eating.

Never leave your baby alone with a propped-up bottle.

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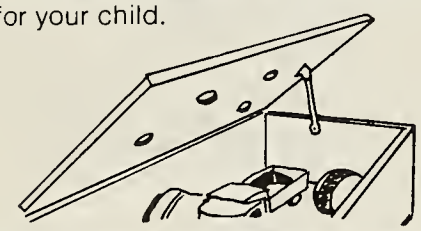
TOY SAFETY

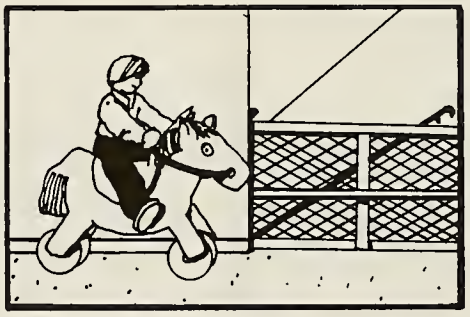
Toys should be a source of fun and learning for your child. But all too often, toys with poor design, to that are too old for your child or are used incorrectly, or toys in bad repair can lead to seriou even fatal injuries. Follow these steps to keep yo child playing happily and safely:

Choose your child's toys carefully. Read the package labels or ask someone at the store about safe toys for your child.

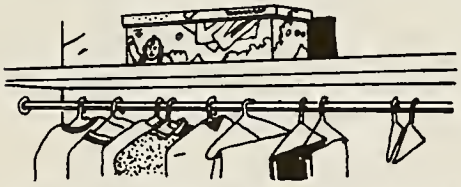
If a toy is labeled "for children ages 3 and older," don't give it to a child under age 3. It could have small parts or sharp pieces that are dangerous to younger children.



If you have a toy chest at home, be sure it has a lid support and air holes. If it doesn't, *remove the lid.* A lid that slams shut could cause head injuries or suffocation.



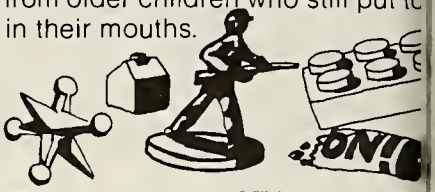
If your child is on a riding toy, keep him or her away from stairs, porches, cars, and pools.



Help older children to keep their toys where your baby or toddler cannot reach them. Older children may enjoy decorating a shoe box as their treasure box—to be kept up high—safely beyond the reach of younger brothers and sisters.

CAUTION: Deflated or broken balloons are **dangerous!** Keep them away from your child. When these are swallowed, they cause children to suffocate.

Keep *any* toy with small parts aw from children under age 3 *and* aw from older children who still put tc in their mouths.



Check your child's toys for these hazards. If they can't be repaired, throw them out!

- Sharp points, jagged edges rough surfaces.
- Small detachable parts tha could be swallowed or stuck in the throat, nose or ears.
- Sharp spikes or pins that have become exposed if your child has pulled the toy apart.
- Long cords or strings on tots toys. If the cord is over 12 inches, cut it shorter.
- Squeakers or other noise makers that are not securely attached to the toy and tha could be removed and swal lowed.
- Caps, guns and other toys tha produce a very loud noise and could damage hearing.
- Nuts, bolts and clamps tha are loose.
- Electric toys with frayed o loose wires. These should be thrown out if repairs would cost too much. Electrica wiring should state: UL ap proved.

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